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Between Ourselves

Beloved by all who know her, **Sister Columkille,** the gracious president of the Registered Nurses' Association of British Columbia, brings her message of greeting as our guest editor this month. Moreover, her talent as a poetess of no small merit is also displayed in this issue. Born in Torquay, England, Sister Columkille came to Canada as a young woman. She entered the congregation of the Sisters of Providence and received her professional training at St. Paul's Hospital, Vancouver, graduating in 1919. An ardent student, Sister Columkille qualified as a laboratory technician and for 18 years was assistant laboratory director at St. Paul's Hospital. She further prepared herself in hospital administration and personnel management, receiving her B.Sc. degree from Seattle College. In 1938 she was appointed to her present position of superintendent of nurses at St. Paul's.

* * *

Every Canadian knows that ***British Columbia*** is our most westerly province. Those who have been in the west have been awed and impressed by the lordly procession of mountain ranges. Few are well versed in the historical lore of the province or are familiar with its industrial possibilities. That all may be well posted on these facts, we commend the interesting story presented by **Willard E. Ireland.**

Mr. Ireland did not discuss the wide range of racial groups that compose British Columbia's cosmopolitan population. He might have noted the Doukhobors, whose unpredictable behavior at times makes newspaper headlines; the agrarian communities of the Mennonites; or the lumbering activities of the Hindu population. Actually, the largest proportion of the residents of this province are of Anglo-Saxon origin. Large numbers of its citizens have moved west from other provinces—nearly 40 per cent of the Canadian-born having thus moved in. At the time of the last census, the oriental population was several thousand in excess of the total for all the other provinces combined. One of the special post-war problems in B.C. is the astounding increase in total population, concentrated particularly in the coastal area.

Our June issue will feature a special, illustrated article on the city of Vancouver and its environs. When you go west for the convention we hope these introductions will serve to increase your sightseeing pleasure.

Though Vancouver's "liquid sunshine" is familiar to everyone, no seasoned traveller would reckon on a wardrobe containing only wet weather garments. The questions are already being asked—"What should we wear?" We recommend a suit in the event of cool weather plus light dresses if it is fine. There is little likelihood of hot weather. Moreover, no matter how warm it may be in the daytime, it is always pleasantly cool in the evenings, so you will need a light topcoat. There will be a half-mile or more to hike from the sleeping quarters to the University buildings so just in case (whisper it!) it may be raining, you will need your umbrella and toe rubbers or stout shoes.

* * *

Most of us know a little bit about the the ***Metropolitan School of Nursing***—the experimental demonstration sponsored by the Canadian Nurses' Association and the Canadian Red Cross Society at Windsor, Ont. **Agnes J. Macleod,** who is chairman of the Demonstration School Administration Committee, knows a great deal more than the rest of us. She shares some of her information with us in her description of the school's first graduation exercises. She added to her store of knowledge by personal chats with the 11 members of the graduating class immediately before the ceremony. Though their ability to make judgments on some points may be somewhat immature, their enthusiasm for nursing apparently knows no limits. You will enjoy Miss Macleod's chatty account.

* * *

The title of **Dr. Lawrence E. Ranta's** article suggests the "whodunit" type of literature. Since universal pasteurization is not practised in so many parts of Canada, the dangers he outlines are very real for an unfortunately large proportion of our people. With such a sure preventive measure readily available, it is amazing that any ***undulant fever*** is found today. A curious race of people, aren't we?

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New Products

Edited by **PROFESSOR F. N. HUGHES**

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

SEDULON

Manufacturer—Hoffmann-La Roche Limited, Montreal.

Description—A new, non-narcotic cough remedy which can often be used in place of codeine. Chemically Sedulon is 3,3-diethyl-2,4-dioxo-piperidine in an extract of thyme base.

Indications—For the symptomatic relief of coughs in colds, pharyngitis, laryngitis, trachitis, bronchitis, influenza, pneumonia, and other conditions stimulating the cough reflex. It is well tolerated by infants, children, and adults alike.

CHOLATROPIN TABLETS

Manufacturer—Lakeside Laboratories. Canadian distributors: Wilby & Co., Montreal; Bate & Bate Wholesale Drugs Ltd., Winnipeg; Marsh Wilde & Co., Vancouver.

Description—Each S.C.T. contains: homatropine methyl bromide 2.5 mg., dehydrocholic acid 250 mg.

Indications—Non-calculous cholangitis, biliary dyskinesia, chronic cholecystitis, and other conditions involving biliary stasis not due to complete mechanical obstruction. Contraindicated in mechanical biliary obstruction and in progressive jaundice.

MERCUHYDRIN TABLETS

Manufacturer—Lakeside Laboratories. Canadian distributors: Wilby & Co., Montreal; Bate & Bate Wholesale Drugs Ltd., Winnipeg; Marsh Wilde & Co., Vancouver.

Description—Each tablet contains the mercurial diuretic, Meralluride 60 mg., equivalent to 19.5 mg. mercury and Ascorbic Acid 100 mg.

Indications—As a diuretic to prevent edema in cardiac decompensation and other conditions causing water and salt retention.

NETHAPRIN SYRUP

Manufacturer—Wm. S. Merrell Co., Toronto.

Description—Each 5 cc. contains: Nethamine (methylethylamino-phenylpropanol) 25 mg., Theophylline 50 mg., Decapryn (doxylamine) succinate 6 mg.

Indications—Bronchial asthma (especially in epinephrine-fast patients), asthmatic bronchitis, allergic or vasomotor rhinitis, pruritus associated with urticaria, atopic eczema, drug rash, and other allergies.

PROTAMINE SULPHATE AMPOULES

Manufacturer—Eli Lilly and Co. (Canada) Ltd., Toronto.

Description—Ampoules of 5 cc., each cc. containing protamine sulphate 10 mg. in normal saline with 0.25% phenol as preservative.

Indications—Antiheparin therapy; hemorrhagic diseases.

Administration—Intravenously.

LEPTAZOL Ampoules

Manufacturer—Allen & Hanbury Co. Ltd., Lindsay, Ont.

Description—Leptazol (pentamethylene-tetrazol) 10% in ampoules of 1 cc. and 5 cc.

Indications—As a central stimulant in circulatory or respiratory disorders, poisoning by depressants, and in treatment of psychoses.

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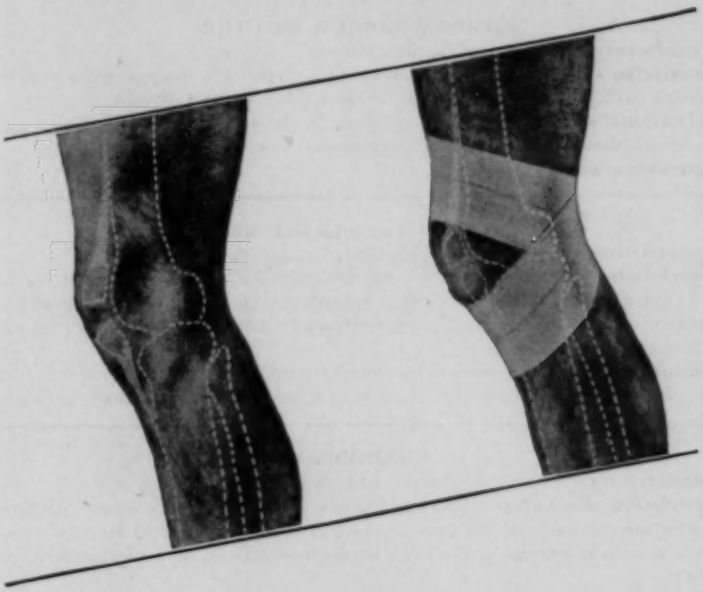

In the treatment of a fractured patella, operation is often delayed until effusion into the joint has ceased. If there is wide separation of the fragments their subsequent approximation may be difficult on account of shortening of the quadriceps. This shortening may be prevented by strapping the knee with a short length of 3" Elastoplast Bandage in the manner illustrated. The strapping should be retained during the interval between injury and operation.

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SODEC

Manufacturer—Mowatt & Moore Limited, Montreal.

Description—Each enteric-coated tablet contains Sodium Undecylenate 0.39 gm., equivalent to 0.33 gm. of Undecylenic Acid.

Indications—Neurodermatitis and psoriasis; may be of value in arthritis.

Administration—Initially, 7 tablets three times daily for 3 days; then, 14 tablets three times daily for next 3 days; then, 21 tablets three times daily, beginning on 7th day and continuing while needed. Individual doses may be broken down and spaced for convenience.

Should be administered with caution and not to debilitated, diabetic, or hypertensive patients, nor those with coronary or gallbladder symptoms.

SIGMODAL SODIUM SOLUTION

Manufacturer—Ames Co. of Canada, Toronto.

Description—Sodium sec-amyl-bromallyl barbiturate 10% in an aqueous vehicle containing in each cc.: 0.1 Antipyrine, 0.1 gm. Glycerin, 0.1 cc. Alcohol (96%).

Indications—Obstetric hypnosis and amnesia during labor. Contraindications: renal disease, hepatic disease, cardiac and severe pulmonary disease.

Administration—Rectally.

CALCYDIC Granules and Tablets

Manufacturer—Allen & Hanbury Co. Ltd., Lindsay, Ont.

Description—Granules: each teaspoonful contains: Dicalcium Phosphate 7.5 gr. (about 0.1 gm. calcium), Vitamin D 1,500 units, with glucose, chocolate, and sucrose.

Tablets: each tablet contains: Dicalcium Phosphate 2.5 gr., Vitamin D 500 units, Glucose 12 gr., flavored with chocolate.

Indications—For prevention or treatment of conditions associated with deficiencies of calcium, phosphorus, or vitamin D, such as rickets, osteomalacia, pregnancy, lactation, etc.

GRAMODERM

Manufacturer—Schering Corporation Ltd., Montreal.

Description—Each gram contains 0.25 Gramicidin in Procutan, a special Schering base.

Indications—Superficial skin infections such as infected eczematoid dermatitis, impetigo secondary to herpes, impetigo eczebatodes, impetigo contagiosa, infected superficial wounds, cuts, burns.

Administration—Topically.

CHARKOLIN GRANULES

Manufacturer—Allen & Hanbury Co. Ltd., Lindsay, Ont.

Description—Granules which disintegrate in water to form a tasteless suspension. Contains colloidal kaolin and highly activated vegetable charcoal.

Indications—As an absorbent for removing toxins and gases in intestinal disorders.

FERRODIC GRANULES

Manufacturer—Allen & Hanbury Co. Ltd., Lindsay, Ont.

Description—Tonic containing stabilized ferrous iron and glucose, chocolate flavored. One heaped teaspoonful contains amount of iron present in four 5-grain Blaud's pills.

Indications—Simple iron-deficiency anemia; as a tonic in convalescence and debilitating conditions.

DEGALOL

Manufacturer—Ames Co. of Canada, Toronto.

Description—Each tablet contains 1.5 gr. of deoxycholic acid, constituent of bile.

Indications—Conditions where replacement of bile acids is indicated—e.g., obstructive jaundice, biliary fistula, certain diarrhea, etc.

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References: 1. West. J. Obst. & Gynec., 51:150, 1943
2. Clin. Med. & Surg., 46:327, 1939
3. J. A. M. A., 128:490, 1945
4. Am. J. Obst. & Gynec., 48:510, 1944
5. Am. J. Obst. & Gynec., 46:259, 1943
6. Med. Rec., 155:316, 1942
7. Med. Rec. & Ann., 35:851, 1941

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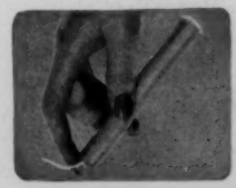

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME FORTY-SIX *NUMBER FOUR*

MONTREAL, APRIL, 1950

Welcome to All

Average reading time — 2 min. 24 sec.

NURSES OF CANADA and all nurses who are able to come to Vancouver this summer: a sincere and hearty welcome is extended to you by the nurses of British Columbia.

Why are we all meeting in Vancouver? I will answer in the thought that Dr. Esther Lucile Brown conveys to us—that "a thousand may think together." We all know that to obtain any objective there must be unity of thought and purpose. We, as members of a high and noble profession whose privilege it is to give service to mankind in health and in sickness, are especially obliged to hold the standards of our profession high. Our work can never become monotonous because we can and must embrace the whole of the patients' needs—spiritual, professional, and social. It is the noble and joyous task of the nurse to assist the first tiny breathings of the newborn, and it is also her stupendous task to assist at the last moments of those who leave the stage of this life to become permanent citizens of eternity.

Having this objective well in mind we are going to "think together" in relation to the various problems that are met in the accomplishment of these duties. During the past year a great deal of thinking and planning has already been launched and much enthusiasm, willingness, and cooperation has resulted in the arrangement of a number of Work Conferences and interesting demonstrations in all phases of nursing. It is not my intention to dwell longer on the content of the program as it will be dealt with

SISTER COLUMKILLE

in detail in other sections of this *Journal*; but I merely mention it as an appetizer so that all may prepare their line of thought concerning their individual problems.

Mine is a very pleasant task—to welcome you to this fair province of the West. Two years ago a similar group tasted the delights of the province of the East, whose hospitality was so generously accorded. Sackville and the surrounding cities of New Brunswick made us feel so much at home both during and following the sessions; and entranced us with their many charms. British Columbia may not have the Rich Red Soil, the Magnetic Hill, and Tidal Wave, but I can assure you that the Blue Skies, the Glorious Snow-Peaked Rockies, the scenic beauty surrounding the University of British Columbia, the many pleasant holiday nooks, and the hospitality of the citizens of British Columbia will make your journey well worthwhile. We must not forget its capital city, Victoria, where they tell me the sun shines more hours per day than in Vancouver. So a hearty welcome to British Columbia and, in conclusion, may I say—

May we come together,
Think together,
Work together
With one chief end in view:
That all our coming, thinking, working,
May give "Service" kind and true.

SISTER COLUMKILLE, F.C.S.P.
President
Registered Nurses' Association of British Columbia

Motivation

IT IS Nursing you have chosen for your life's work here on earth,
Then what motive, may I ask you, urged this choice to timely birth?
Was it just the fleeting fancy of the glory of a name,
Or the crispness of the uniform, or a passage-way to fame?

Or perhaps it was the outcome of desire to see the world,
Just to glance at numerous seaports, see the various flags unfurled?
Did you think it was the gleaming of a knowledge hard to get,
In the "Homeland" where such Science has not penetrated yet?

Or perchance you made your choosing, as we sometimes now are told,
Oh! not fame; but just for gain as a safeguard when we're old.
These motives, each and everyone, have values real and true;
But in each case, they turn to self, have only "self" in view.

'Tis likewise true that "Charity" to the "Home-fires" first belongs,
We cannot give "that they may live" if the "fire" at home is none.
So now I've put the question, rather bluntly it is true,
But I beg your kind attention, take a worthwhile point of view.

"Whate'er you do to these My least," our dear Lord said, one day,
"I'll count it just as done to Me," then—we dare not say Him nay.
So be careful in your planning that you make your motive sure,
That everything you do in life will win a heavenly score.

'Tis very wise to ponder, and to "weigh," e'er we begin,
In the balance of Eternity to guard against chagrin.
The motive should be simple, with feet planted in the sod,
Our gaze upturned to heaven, all our confidence in God.

If, when tending to His sick ones, in our daily round of care—
We would think of His example, with Him all our duties share.
Acting in Him, by Him, always; thinking only Him, to please;
Serving Him in every patient, for He counts each one of these.

Not just as a case for study, or a task that must be done—
But an act of loving kindness—His approval will be won.
As He has often told us, in His Providence to trust;
We shall never be mistaken, if in Him our care we thrust.

There is one thing very certain, if our life is wholly spent,
Ever faithful to our duty, there'll be nothing to repent.
For in time of need or trouble, if He feels 'tis for our good,
He will be our helper, and Himself our daily food.

Then when busy days are over, and we lay our burden down,
We shall hear the Master whisper, "Faithful one, receive thy crown."
So you see that motivation, does to life a joy unfold,
Changes nurses into angels, changes coppers into gold.

—SISTER COLUMKILLE

British Columbia

WILLARD E. IRELAND

Average reading time — 26 min. 48 sec.

THE YEAR 1950 is a significant one for the citizens of British Columbia for just one hundred years ago British sovereignty in the Pacific Northwest became a reality. All too frequently we think of Canada's western province as new, yet our roots run deeply into the soil of this Pacific coast. Canada had only been a British possession some nineteen years and the American Declaration of Independence was only two years old when Captain James Cook, R.N., in the spring of 1778, became the first British subject to land on Vancouver Island. He was the precursor of a great number of navigators and traders to visit these shores.

In the spring of 1792, when engaged in surveying and mapping the coast of the Pacific Northwest for Great Britain, Captain George Vancouver, R.N., wrote:

> To describe the beauties of this region will, on some future occasion, be a very grateful task to the pen of a skilful panegyrist. The serenity of the climate, the innumerable pleasing landscapes, and the abundant fertility that unassisted nature puts forth, require only to be enriched by the industry of man with villages, mansions, cottages, and other buildings, to render it the most lovely country that can be imagined; whilst the labor of the inhabitants would be amply rewarded in the bounties which nature seems ready to bestow on cultivation.

These prophetic words, in so far as they may be applied to British Columbia, have long since become a reality.

SCENIC GRANDEUR

The natural beauties of Canada's Pacific province have made it a tourist's mecca. Three mighty mountain chains—the Rocky, Selkirk, and Coast ranges—traverse its length, providing scenic attractions beyond

Mr. Ireland is provincial librarian and archivist of Victoria, B.C.

description and opportunities for mountain climbing and skiing unexcelled elsewhere on the continent. To be sure in earlier times these mountains served as barriers to settlement but persistent and hardy pioneers pushed their way through and in their wake came the Canadian Pacific Railway which was completed to tidewater in 1886. This was the pioneer venture in transcontinental railroad construction in Canada. The building of the mountain division is an epic story of man's ingenuity pitted against nature's impassive obstinacy. Cuts and fills, bridges and tunnels—the Connaught tunnel under the Selkirks is five miles long—gave the victory to man and today four main lines of railroad penetrate the rocky barrier.

Paralleling and intersecting the mountain ranges are myriads of lakes and mighty rivers, adding variety to the scenic beauty and allurements to the inveterate angler. These were the original transportation routes. The Peace, Columbia, Fraser, Skeena, and Stikine rivers, some of them turbulent and dangerous, provided the natural lines of communication used by the explorers, the fur-traders, and the pioneer settlers. The Pacific seaboard of the province is dotted with innumerable islands of all sizes and hundreds of fiord-like inlets create a coastline estimated at over 8,000 miles. Towering rocky cliffs rising five to eight thousand feet from the water's edge, hundreds of cataracts and waterfalls feathering the rocky slopes, further to the north impressive glaciers debouching into the sea itself, all set against a background of mighty evergreen forests, combine to provide pleasures without end for the itinerant visitor.

Revelstoke and Mt. Begbie, B.C.

Once when the construction of the Canadian Pacific Railway was under discussion a great Canadian statesman made deprecatory reference to British Columbia as a "sea of mountains." This, it was then felt, was the major handicap to the future progress of the region but, in reality, therein lay the secret of its ultimate importance to the Dominion of Canada. Buried within these mountains were huge mineral deposits, the variety and value of which is only now beginning to be realized. Moreover, mountains of necessity mean also valleys and in these valleys agriculture has flourished. As a result British Columbia has become an important producing province of the Dominion, being surpassed only by Ontario in per capita production values. In addition to its generous natural endowments British Columbia is also possessed of variations in climate which have contributed greatly to the variety of its economic life.

To illustrate the importance of these river-valleys perhaps it would suffice to describe two typical regions, both of which have in the past played an important part in the historical development of the province and which today contribute so greatly to its importance.

Okanagan Valley

Of the many valleys perhaps none is so widely-known as the Okanagan Valley which lies in the southern interior of the province close to the border of the United States. Mountain ranges flank either side of a crystal clear lake which extends some 80 miles from north to south. The lake is drained by the Okanagan River

All photos courtesy of B.C. Govt. Travel Bureau

Williams Lake, B.C.

which empties, in turn, into the mighty Columbia River in American territory. In the early days before there was permanent settlement along the coast this valley had become an important commercial highway. The fur trade was the magnet which drew white men over the Rocky Mountains. At first their interest lay farther to the north in the area opened up by the Peace River and its tributaries and farther to the south in the basin of the Columbia River. Trading posts were established in both areas and eventually the Okanagan Valley became an important link between the two regions. For years vast quantities of supplies and furs passed over the "old brigade" trail.

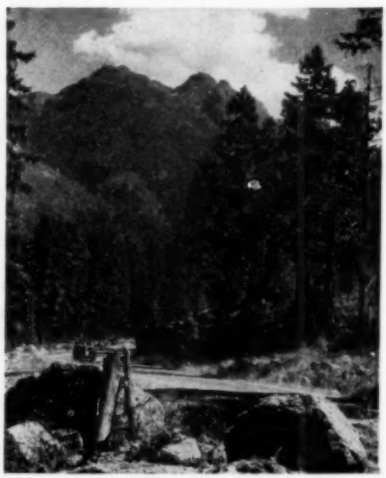
As settlers began to push into the country from the more thickly populated East the fur trade dwindled and disappeared and for the time being the Okanagan Valley became a cattle country. The rainfall was so slight that ordinary agriculture was impossible but on the mountain slopes grass grew in abundance and for a time the cowboy reigned supreme. To refer to mountain "slopes" hardly gives the correct impression, for actually along both sides of the lake and at different levels of elevation are stretches of flat land called "benches." The scene is now completely changed for irrigation has been introduced and today the "benches" are covered with orchards. Far back in the mountains dams have been built and from these the water is carried to the lower levels in immense flumes from which it is distributed to the individual orchards by means of a series of ditches.

Spring in the valley is a glorious sight—thousands of fruit trees in full blossom are banked on either side of the lake for miles and miles. In the late summer and early autumn the scene is equally fascinating for the air will be heavy with the perfume of ripened fruit. Soon thousands of boxes of apples, most famous of which is the MacIntosh Red, will be on their way by steamer and train to the markets of the world. Other fruits are grown in abundance as well — cherries, apricots, and peaches—and canta-

loupes and tomatoes are coming to be grown in large quantities.

Fraser Valley

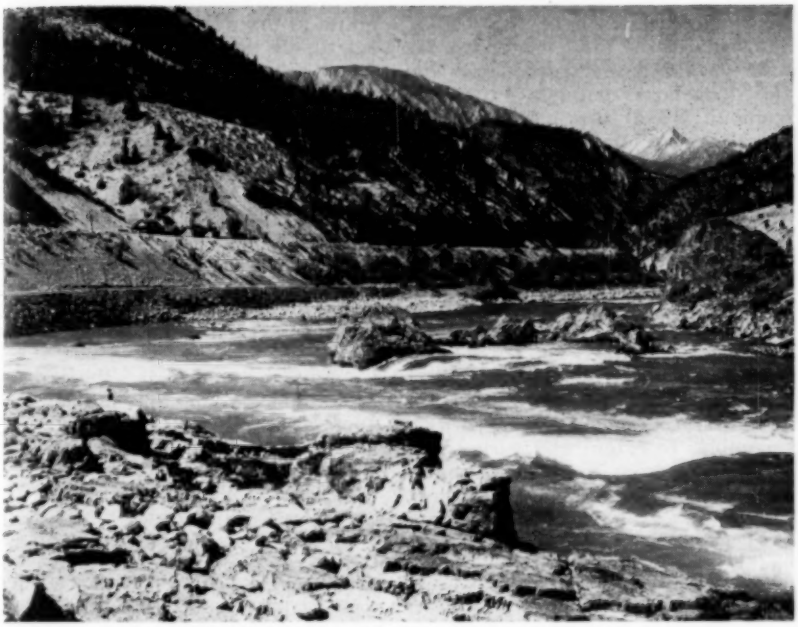
Much nearer to the coast is the equally important Fraser Valley. The Fraser River, nearly 750 miles in length, is the largest of the many rivers of the province and derives its name from the intrepid explorer, Simon Fraser, who descended the river to its mouth in 1808. This river takes its rise high in the Rocky Mountains and at first flows in a northerly direction before making a sharp bend near the city of Prince George to begin its headlong rush southward to the sea. In the interior it passes through and drains a large plateau area, part of which, particularly the Chilcotin country to the west, is an important cattle country. At Lytton it is joined by the Thompson River from the east and shortly thereafter the river plunges into a narrow gorge to break through the Coast Range which bars it from the sea. Cataracts, whirlpools, and rapids, with the sheer perpendicular walls of the canyon rising in many places several thousand feet, combine to make an awe-inspiring sight to which any traveller can bear witness, for both transcontinental railways use this route to the coast.



Mt. Arrowsmith, Vancouver Island

In comparatively recent years automobile traffic through the canyon has been possible with the construction of the scenic Cariboo Highway. A trip over this motor highway cannot fail to thrill the visitor, the more so when it is recalled that this road, with its many difficult engineering problems, was preceded by the original Cariboo Road. The necessity of providing means of access to the rich gold fields of the Cariboo district, centring about Barkerville, impelled the construction of the original road in the early 1860's in the face of almost overwhelming difficulties. Today the sound of the motor horn has replaced the crack of the bull-whip. While no longer does one see the creaking old stage-coach, wearily climbing the long grades and warily edging its way along what was little more than a ledge carved out of the precipitous canyon walls, nevertheless one cannot but feel humble at the memory of this monument to the pioneering spirit.

Freed of its narrow rocky confines as it rushes through Hell's Gate, the Fraser River begins a more leisurely course through a gradually widening valley. For thousands of years this madly rushing river has been carrying down the fine silt washed from its banks in the upper country and, in consequence, in its slower reaches near its mouth there has been built up a large and typically fan-shaped delta some 30 miles wide at its seafront. Point Roberts forms the seaward extremity of the southern boundary of this delta while to the north is the city of Vancouver, which lies between the north bank of the Fraser River and Burrard Inlet. The river still continues annually to deposit large quantities of sediment, thus necessitating the constant dredging of the ship-channel which leads up-river to New Westminster, British Columbia's thriving fresh-water port. It is one of the curiosities of history that although Britain's leading navigator in the Pacific Northwest, Captain George Vancouver, after whom Canada's leading Pacific port is named, noticed the discoloration of the Gulf of Georgia, caused by the muddy



"The Jaws of Death" South Thompson River

water from the Fraser River, he failed to discover its existence although he passed within a few miles of its mouth.

Agriculture

The rich soil of the Fraser River delta is now under intensive cultivation. Both here and in the immediately adjacent valley immense crops of hay and grain are raised and an extensive dairy industry has grown up which finds a ready market in the metropolitan area of Vancouver. In addition hundreds of small "truck-farms," producing vegetables for the urban area, are scattered over the delta, most of which are operated by the industrious Chinese who have settled in the province. Farther up the valley small fruits of every kind—strawberries, raspberries, loganberries—are grown in large quantities.

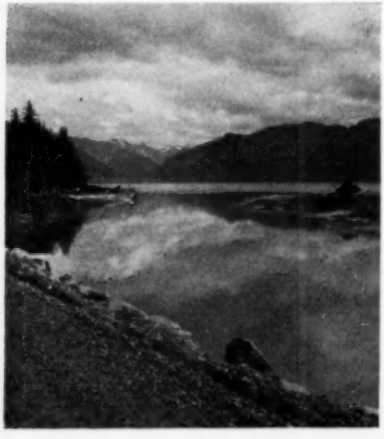
Agriculture, which is British Columbia's third ranking industry, is not confined only to these two river valleys. It flourishes in all sections of the province. Parts of Vancouver Island are admirably suited to small fruit farming, for good soil is here combined with an excellent climate. Thanks to the tempering effect of the Japanese current the whole of the coastal area enjoys a salubrious climate which, with the assurance of ample rainfall, makes for successful farming. Much farther to the north the grain-growing potentialities of the Peace River Block and of the Bulkley Valley are only now beginning to be appreciated. The total value of the agricultural products of the province amounts to nearly $120,000,000, of which dairy products, fruits, fodders, poultry products, and live-stock contribute over 60 per cent.

Mining

Had British Columbia been solely dependent upon agriculture her progress would, in all probability, have been very slow. The first forward step in her path of progress came as a result of the gold discovered on the Fraser River, the resulting gold rush in 1858, and the successful development of the Cariboo gold-fields in the 1860's. Since that time mining, in general, and gold-mining, in parti-

cular, has been one of the leading industries of the province. It is a far cry from the pan and wooden cradle and "long Tom" methods of the argonauts of '58 to the huge hydraulic operations of today. In addition, placer mining has to a large extent been superseded by quartz or lode mining. The Bralorne, Premier, and Pioneer properties on the mainland and Zeballos on Vancouver Island are centres of gold-mining operations which produce about one-twelfth of the total Canadian gold output.

The untiring efforts and unconquerable optimism of the prospector soon unearthed the vast mineral wealth locked in the mountains of British Columbia. In extent and variety the mineral resources of the province are such as to defy summary description. The turning-point came in the late 1890's with the great boom in base metals. The centre of provincial activity was the Boundary country in the southern interior, with Greenwood, Phoenix, and Rossland as typical boom towns. Vast quantities of lead, zinc, and especially copper were mined. While in due course the boom collapsed, nevertheless the basis for a mining industry has been well laid. Some years later the discovery of a method whereby the complex ores from the Sullivan mine at Kimberley—one of the largest hard-rock mines in the world—could be treated led to the development of the enormous property of the Consolidated Mining and Smelting Company at Trail. Today British Columbia ranks first among the other Canadian provinces in the production of silver, lead, and zinc, as well as the rarer metals of the cadmium group. Large copper properties are in active operation, notably the Britannia Company on Howe Sound, near Vancouver. Coal is also mined in such widely separated districts as Nanaimo on Vancouver Island and Fernie in the heart of the Kootenay country in the Rocky Mountains. With an annual production in excess of $113,000,000, mining has advanced to second rank among the industries of the province.



Skeena River near Skeena Siding, B.C.

Fisheries

To many people the name British Columbia is immediately associated with the salmon. With such an immense length of coastline it was only reasonable to suppose that the fishing industry would be highly developed in the province. In a sense this is the pioneer industry for, in the years before the coming of the white man, salmon was a staple food of the Indians and they were fully aware of the phenomenon now known as the "run." The young salmon is hatched in interior waters but soon finds its way to the sea where for three years it disappears. Then suddenly it reappears on the coast seeking to return to the very spot where it had hatched. Unlike the Atlantic species, the Pacific salmon never returns to the sea again, as it dies either on its way to the spawning grounds or shortly after it has reached them. This instinctive urge, which forces the salmon to battle its way against the current of the swift-flowing British Columbia rivers, produces the "salmon run." During this season fishermen are busy at the entrance of all the rivers leading to the interior and canneries have been built in close proximity. The Fraser, Skeena, and Nass rivers are particularly important centres. Unfortunately, of late years there has been a marked decline in the "run," in all

probability due to the policy of unrestricted fishing. In consequence, in an effort to conserve the supply, the government has established hatcheries and built fish-ladders to assist the salmon over obstacles in the rivers which retard its return to the spawning grounds.

The salmon alone accounts for about two-thirds of the total value of the provincial fisheries. Gradually the halibut fishery is coming to be of greater importance. This industry is centred about Prince Rupert and involves an entirely different technique from that used in the salmon industry for the halibut is found miles off-shore on the "banks." This industry has also increased the herring fishery, as herring are the bait used in catching halibut. Salt herring normally finds a ready market in the Orient. In bygone days the departure and return of the sealing fleet were great events but this industry has almost entirely disappeared. On a very limited scale, however, the equally intriguing whale fishery is still carried on from bases on the Queen Charlotte Islands.

Lumbering

One of the crowning beauties of British Columbia is its evergreen forests. Towering Douglas firs, cedars, and spruce cloak the hills and mountains of the coastal area from sea-level to snow-line. Of them all the Douglas fir is the most majestic, for it often reaches a height of 150 feet with a girth exceeding 30 feet. Economically, the forests are our greatest asset for annually they produce values well in excess of $100,000,000. From both the esthetic and economic points of view it is unfortunate that improvident logging methods and ravaging forest fires annually destroy thousands of acres of timber, but it is to be hoped that in the future greater efforts will be made to assure the continued existence of this double asset. The close proximity of the better stands of timber to water has made the problem of transportation of the logs to the saw-mills an easy one for solution in British Columbia. While in some localities log-trains are used, the more common sight, even in the interior, is the huge boom of logs being towed by a tug to the saw-mill. Vancouver, New Westminster, and Port Alberni are the centres of this industry and from these ports sawn lumber and shingles move quietly over the oceans to the four corners of the earth.

Paper Making

Of increasing value in recent years is the allied pulp and paper industry. In this respect British Columbia is most fortunately situated. An abundant rainfall in the coastal area makes it possible for its many rivers to afford excellent all-year-round sites for hydro-electric developments in close proximity to the forests. Cheap power, a prime requisite for the successful conduct of this industry, is consequently readily available. Large and valuable pulp and paper mills are to be found at Ocean Falls, Powell River, and Port Alberni.

Boundaries Problems

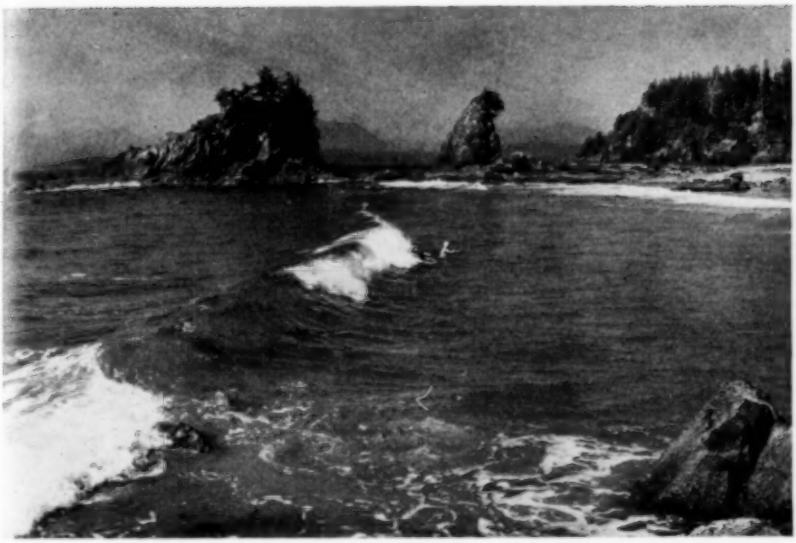
From the foregoing account it would only seem just that British Columbia, without undue presumption, might claim for itself a rather meteoric rise to prominence. Admittedly its tremendous extent—366,255 square miles—and abundant natural resources contributed in no small degree to its progress. But the province has never had a large population; even today it only numbers slightly more than 1,000,000—a figure far exceeded by many cities. Consequently its accomplishment has been the result of the diligent labor of an enthusiastic population who are as resolutely confident of the future of their province as they are proud of its past history. Yet it must never be forgotten that British Columbia is a young country, for it is just one hundred years since the first serious attempt was made to settle the region now comprised within its boundaries.

Attention first came to be centred on this part of the Northwest Pacific because of a small marine mammal—the sea otter—whose pelt found ready

sale in China. A Russian explorer, Vitus Behring, made the initial discovery but it did not become general knowledge until after the visit of Captain James Cook in 1778. The Spaniards had been gradually pushing their explorations northward from Mexico and four years previous to Captain Cook's arrival had actually sailed in the waters off this coast. But to the British navigator goes the honor of having made the first landing on these shores and also the credit for having made the first chart of the coastline. The possibility of enormous profit from the sale of the sea otter pelts drew traders of all nationalities to the Pacific Northwest. The first, Captain James Hanna, an Englishman, after a sojourn of but a few weeks on the coast, sold his cargo in Canton for $20,000. Soon Spanish, Russian, and American traders were also actively engaged in the trade and inevitably commercial rivalry gave place to international animosity. The most serious rivalry existed between Great Britain and Spain and almost precipitated a war. Ultimately the Nootka Sound Convention was drawn up which, to all intents and purposes, left the whole region open to traders of any country. Captain George Vancouver was sent out to carry through the provisions of this agreement and, in addition, he was to explore and chart the coast, for at that time the fabulous Northwest Passage between the Atlantic and Pacific oceans was still being sought. Captain Vancouver spent three years at work on this coast, producing maps and charts that are amazingly accurate even today.

All the activity in the maritime fur trade centred around Nootka Sound, an inlet on the west coast of Vancouver Island. With the sudden collapse of the Chinese market the whole trade disappeared and Nootka sank into insignificance, in fact nothing permanent remains as a relic of an important and romantic period in the history of the province. But just at this stage the possibility of an overland fur trade was being carried into effect. The North West Company, a Canadian fur trade concern, was seeking to penetrate into the country west of the Rocky Mountains and gave every encouragement to exploration of the unknown region. In 1793, one of their employees, Alexander Mackenzie, became the first white man to come overland from Canada to the North Pacific. His was an epic voyage—accompanied by a small party of voyageurs he followed the Peace River pass through the Rocky Mountains and eventually reached the upper stretches of the Fraser River. As this stream led southward and as his objective lay westward, Mackenzie soon branched off. After following an old Indian trail and enduring untold hardships he reached tide-water at the mouth of the Bella Coola River which empties into Bentinck Arm. Simon Fraser's equally hazardous journey was also sponsored by the North West Company in their quest for knowledge of the country.

Soon trading-posts were established —at first in the area adjacent to the Peace River pass, but soon further afield, even as far south as the Columbia River. In 1821 the North West united with the Hudson's Bay Company and thereafter British interests in the territory west of the mountains was left almost wholly in their hands. They made every effort to maintain control of the region and were at first completely successful. Naturally their prime interest was the conduct of the fur trade and, in consequence, colonization of the country was ignored. At this time neither the United States nor Great Britain possessed the title to the country west of the Rocky Mountains for, by agreement, it had been left open to the citizens of both countries. In the 1840's a steady stream of American settlers began to pour over the mountains into the Columbia Valley. The settlement of the boundary question thus became a necessity but it was a difficult task to reach a satisfactory solution. The British laid claim to all the territory as far south as the Columbia River while the United States laid a counter-claim as far north as 54° 40′. Public opinion in both countries became



Breaker Beach near Bamfield, Vancouver Island

aroused. In the United States the cry "Fifty-four forty or fight" became part of an election campaign in 1844. Once again the possibility of war was imminent but good sense prevailed and the Oregon Treaty of 1846 adopted a compromise boundary along the 49th parallel, thus setting the southern limit of British Columbia.

Establishing Government

This advance of the American frontier aroused the British government to action. In order to forestall any further intrusion it was decided to establish a British colony on Vancouver Island and, in 1849, this plan became a reality under the auspices of the Hudson's Bay Company as sole proprietor of the colony. Provision was made for a royal governor and the first appointee was Richard Blanshard, who arrived at Fort Victoria on March 11, 1850. He did not long remain in the colony for the real power was in the hands of the Chief Factor of the fur trade company —James Douglas. In 1852 Douglas became governor and by his years of service has earned for himself the title "Father of British Columbia." That same year, because of gold discoveries on the Queen Charlotte Islands, that archipelago was added to the original limits of the colony. Unfortunately, the colony of Vancouver Island did not prosper. For one thing the gold-fields of California were much more attractive to the would-be colonist and, in addition, the Hudson's Bay Company was not an ideal colonizing agency. By 1855 scarcely 750 whites resided on the island, yet despite its small population it possessed the full government of a typical crown colony. In fact the first legislative assembly ever to be convened west of Toronto in British territory met in Victoria in 1856 and was composed of seven members.

During all this time the mainland still remained a fur preserve of the Hudson's Bay Company. But, as in the case of the Queen Charlotte Islands, gold discoveries became the *open sesame*. In 1858, when news of the rich finds reached California, there ensued a regular stampede to the Fraser River. Thousands of expectant miners poured into the country within a few months and in response to this totally unexpected situation there was called into being the separate mainland colony of British Columbia

Slocan Lake, B.C.

with James Douglas as governor. As the miners pushed ever further inland from the bars of the lower Fraser other valuable mining fields were opened up, notably the Cariboo district where Barkerville came temporarily to be one of the largest towns on the continent west of Chicago. Each advance of the miner increased the problems and the expense of government in this huge area. Roads had to be built and the terrain was particularly difficult. Mention has already been made of the construction of the famous Cariboo Road under the supervision of the Royal Engineers sent from England. In 1862 gold was discovered still further to the north on the Stikine River and once again a separate colonial administration was established with the creation of Stikine Territory, with Douglas as administrator.

But like most gold rushes the boom days soon passed away and a period of depression set in. The population dwindled, business was stagnant, taxation unduly heavy, and discontent began to grow. Even Victoria, which had become a thriving commercial centre as a consequence of the gold rush, shared in the decline along with the mainland colony. In a vain effort to economize in 1866 the various colonial administrations were united under the name of British Columbia. For a time New Westminster became the capital of the united colony but it was soon removed to Victoria where it has remained ever since.

This union, however, did not bring the anticipated relief and once again British Columbia sought a remedy. In 1867 two events occurred which suggested possible ways out of the difficulty. That year the United States purchased Alaska from the Russian government and, with British territory thus sandwiched between American possessions, some came to look upon annexation to the United States as the solution of British Columbia's problems. That same year the Canadian confederation had been launched and many British Columbians eagerly anticipated the inclusion of their colony in the new confederation. Annexation to the United States was from the beginning a lost

cause. The colony of British Columbia became a province of the Dominion of Canada on July 20, 1871.

One of the terms of union called for the construction of a transcontinental railroad, for without such a link the union was doomed to be more apparent than real. After long delay in 1886 the Canadian Pacific Railway was completed to tide-water on Burrard Inlet and British Columbia became in fact a part of the Dominion. Since that event her progress has been rapid and extensive. No better evidence of this fact is to be found than in the history of the city of Vancouver. In 1886 there were only a few struggling settlers in what has since become the great Pacific port.

Such, in broad outline, is the story of the evolution and achievement of British Columbia—bulwark to Canada's industrial system and gateway to the trade routes of the world.

Yesterday was Graduation Day!

AGNES J. MACLEOD

Average reading time — 12 min.

AS MOST OF YOU were not able to be present at the graduation exercises of the Metropolitan School of Nursing, I am sure you would like to hear something of it. I arranged to arrive in Windsor on an early morning train, went directly to the school, had breakfast with Miss Fidler. During the morning I had an opportunity to spend some time around the library table, informally chatting with the eleven members of our first graduating class. I was anxious to find out what their plans were, and how they felt about their 25 months' training experience, as well as how they viewed nursing in 1950 from their vantage point as students about to become graduate nurses from this much-discussed demonstration school.

The school, as you know, opened on January 19, 1948, and yesterday, graduation day, was February 18, 1950—exactly 25 months! The first class started out with 13 students and the following 11 students graduated:

Elinor Marguerite Anderson, Indian Head, Sask., Barbara Elizabeth Austin, Sudbury, Ont., Violet Mary Burchell, Fredericton, N.B., Jean Grant Dunbar, Vancouver, B.C., Jean Margaret Elford, Cottam, Ont., Georgina Folean, Windsor, Ont., Mary Elizabeth Hyatt, Wheatley, Ont., Mary Lorraine Keeler, Calgary, Alta., Shirley Joan Peart, St. Catharines, Ont., Huguette Paule Quenneville, Sturgeon Falls, Ont., Frances Elizabeth Waterous, Brantford, Ont.

It will be noted that this group comes from five provinces, although the greatest number is from Ontario. It is interesting to note that seven out of the eleven are remaining in Windsor to work as general duty nurses at the Metropolitan Hospital, one returns to British Columbia, one to Alberta, one to Saskatchewan, and one to New Brunswick. All four of these nurses have already made plans to work in hospitals in their respective provinces.

One of the objectives of the Metropolitan School has been to prepare nurses for first level graduate nurse work in hospitals. The emphasis throughout the whole course has been on *nursing the patient as a person* and giving total nursing care. The whole educational pattern has been one of integration—building all the component parts into the proper care of the patient. When I asked the students what they felt might be wrong with nursing today, this emphasis

Miss Macleod is chairman of the Demonstration School Administration Committee, a sub-committee of the C.N.A. Educational Policy Committee.

showed in their replies. They felt that too many nurses seemed more interested in treatments than in their patients as individuals; that too many nurses are not sufficiently interested in their own profession or in its problems; that nurses generally seem more interested in going into specialized fields, instead of giving good bedside care. One nurse said, "Could the fault be in nursing education? The teaching responsibility of every nurse should be stressed more. Too much emphasis is put on income and hours of work. More interest needs to be taken in the profession itself, in nursing associations and the whole nursing situation."

Whether the emphases in the course or the high calibre of instruction is the answer, certainly these students could never be accused of lack of interest in professional matters. I would say they love nursing. Let us hope they always will. They have already passed their R.N. examinations, made application for immediate registration, and I am quite sure that no one of them will fail to also seek membership in their provincial nurses' association in Ontario, as they all know what the Canadian Nurses' Association stands for, and that in Ontario it is necessary for registered nurses to also join the R.N.A.O. before they are members in good standing in the C.N.A. Those who go to other provinces will be accepted by reciprocity for registration in the provinces where they take up residence.

Each student had one month vacation each summer and two weeks at Christmas. They averaged two weeks of night duty, (one on the evening and one on the night shift), plus additional nights during their obstetrical experience.

Though the Metropolitan Hospital in Windsor was used as the main training field, with experience in its various departments, each student also spent three months at the Ontario Hospital, London (psychiatry), one month at the Hospital for Sick Children, Toronto, to supplement their pediatric study, and one month at the Essex County Sanatorium.

I asked the students how they felt about their own training, following the opportunities they had had of working with students from other schools of nursing in affiliation programs. They all stated that theirs was certainly as good as other courses and definitely better in some respects. They mentioned particularly their own health instruction and that they also received more detail in all the instructional courses than other students—or so they thought.

Actually, Miss Fidler has had excellent reports of her students' clinical work from the head nurses and superintendents of the hospitals where our students affiliated. It would seem from this angle of bedside nursing in clinical fields that the shorter course students have done extremely well. Right here I should remind you that the students at the Metropolitan School spend a good deal of time actually giving total nursing care to patients. Too often our public seems to think that, because our school is "independent" of the hospital in the financial and administration sense, the students are not actually trained in the wards. Every nurse should explain this point to her acquaintances. The hospital ward is essential for their basic nursing training, but the difference here is that the hospital has no control over the students' time—that must be carefully adjusted by their own instructors and supervisors in relation to their actual experience requirements.

The students themselves believe that they received adequate experience in all branches of nursing. The very fact that their time has been so carefully regulated has meant that they have had time for study, rest, and recreation, and are happier and healthier than the average students in the usual hospital school of nursing where students' experience on the wards is subject to the nursing service requirements of the hospital. All the students believe that their orientation into each new nursing situation has been particularly good.

Then I asked them as to the pros and cons of living in a residence. Their

answers were unanimous—that student nurses *should* live in a residence. Actually, one of these students had been allowed to live at home from the beginning of the school. However, when the new residence was ready she asked permission to move in, as she felt she was missing too much of the fun. They considered it an excellent way to learn how to get along with people. One nurse said she thought the regular hours, discipline, and gradual building up of group morale were necessary for nurses in training.

Because these first four years of the Metropolitan School are experimental, and the financing of the school assured, a token tuition fee of $50 a year was charged all students. When asked what they thought a student should pay for such a course, the majority thought it should be $100 a year. They all thought the 25-month course had been long enough for a good grounding in basic nursing and they all said they would advise any of their friends to apply to the Metropolitan School. It would appear that they may have already done so because Miss Fidler reported at the graduating exercises that there were over 200 inquiries already for the fall class and 20 completed applications to date. Maybe we shall need another such school soon!

I asked them what plans they were making for further study. Some have no plans past their immediate intention to do hospital work. One student, a former R.C.A.M.C. physiotherapist with over two and a half years' service experience in Canada and overseas, has already chosen pediatrics as the field she plans to stay in. She is taking further experience in Toronto and then returning to New Brunswick to work in a pediatrics department of a general hospital. One student is planning to work in the obstetrical division at the Metropolitan Hospital, Windsor, and two are hoping that, after several months in general hospital nursing, they will be able to go to university to study public health. One of these nurses is particularly interested in eventually working with the Victorian Order of Nurses.

Perhaps you will say, "Imagine worrying the poor students on their graduation day with such questions!" Actually they were so nice about it, I don't believe they minded too much and if they did I hope they will forgive me, and remember it is all in a good cause. But just there, do you realize how different it is to a regular school of nursing where on graduation day students are on duty until the very last minute and dash off in time to get ready for graduation? Of course, most graduations for that reason take place in the evening, in order to let as many of the school attend as possible. Not so at Windsor! The graduating class left me to join friends and relatives for lunch, and fond mothers and fathers as well as brothers, sisters, and grandparents and even aunts had converged on Windsor for this happy day.

The graduation exercises were held in the school building which had lovely bouquets of flowers every place. Soon after two o'clock people commenced to arrive. The whole ceremony was a nice homey affair, held in the two large adjoining classrooms. By three o'clock the rooms were filled, leaving space on the platform and at the front for the students of the whole school which now numbers 58. Their first students had had a part in building the traditions for the school. They helped plan the grey, short-sleeved one-piece uniform with white shoes and stockings. They do not wear bibs or aprons. The first grey uniforms have faded, so that the senior class appeared to be in almost white uniforms, and the most recently arrived students are in really grey uniforms. They looked crisp and efficient. The graduating class had black bands on their caps but there is no other distinction between the classes. The graduating class also had the fun of designing their own school pin—a plain gold pin with M.S.N. on it, about the size of a 25 cent piece. Although the uniforms have shoulder epaulettes on them, so far they have not been used to show seniority.

I am not going to tell you anything about the actual program, other than

to say it was a very pleasant occasion. Everyone was conscious of the fact that this was something a little different as graduations go, and that it was the culmination of two years of hard work, especially on the part of the team built up there—between the C.N.A. representatives, the city of Windsor, and the Board of Governors of the Metropolitan School of Nursing. We of the Canadian Nurses' Association are very grateful to the Canadian Red Cross Society for making this undertaking possible. When I heard Miss Fidler give her report and listened to Miss Kathleen Russell give her talk to the graduating class, I again realized how fortunate we are in our national professional organization to have women such as these who, by the very strength of their conviction, make dreams become a reality. For such is this Metropolitan School! The whole program, made possible through the vision of Miss Russell, who presented such a concrete plan that the Canadian Red Cross Society was convinced of its value, was brought to this first graduation day through planning, talking, selling, and directing, which I am convinced only a Nettie D. Fidler could have had the perseverance to have so well achieved. One of our neighbors from across the border, who, I know, has watched this demonstration with considerable doubt in her mind, said she felt most of the success of our school thus far was undoubtedly due to the calibre of the teaching faculty at the Metropolitan School. So to Miss Fidler, Miss Martin, and Miss McPhedran, who have carried most of the teaching and administrative load, as well as to the more recent members who have joined the school's staff, we owe a great deal.

Miss Fidler in her report paid particular tribute to all those people in Windsor who have been well-wishers of the school since its inception and to whom we owe our thanks. After all, a hospital is the local health centre of the community and the aim of the Metropolitan School is to demonstrate how, in a controlled educational situation through co-operation with hospitals, student nurses can be efficiently trained in a shorter time than has been previously thought possible. If the Metropolitan Hospital in Windsor can thus be provided with more and better trained hospital nursing service, and so meet its health service needs, it is not likely that the community of Windsor will willingly see the Metropolitan School fail to carry on in the future when so much local and community interest and goodwill is evidenced after just two years of our four-year demonstration period have elapsed.

During the tea hour the place buzzed with laughter and chatter. Gradually the good-byes took place. Most of the new graduates were going home for a bit of a holiday before starting on their professional careers. Everyone felt it had been a very successful first graduation. We didn't have an opportunity to bid everyone good-bye but, as I assured the group in the morning, we of the C.N.A. will always want to know how they are and where they are. I am sure I was expressing every C.N.A. member's sincere wish when I said we hoped they would prosper in whatever type of nursing they undertook, and that they would find joy in carrying on their professional life.

I hope I have managed to give you something of the feeling of those of us who were fortunate enough to be present.

The **Cumulative Index** for *1940-44* went into the mail early in March. Unfortunately, labels came off four envelopes and the copies were returned. Would the four who ordered but did not receive their copies please write us.

The *1945-49* Index is nearing completion and should be in the mail within a month.

The Case of the Poisoned Cup

LAWRENCE E. RANTA, M.D., D.P.H.

Average reading time — 10 min.

UPON A COUCH lay the near-dead body of a man, an empty chalice in his hand. Around him stood his sad-eyed friends and family. His face alone was filled with contentment. In a quiet voice he said to a friend: "Krito, we owe a cock to Aesculapius. Discharge the debt and by no means omit it." And with that he died.

My purpose in recalling a picture of Socrates' death is to contrast his attitude with that of another man who also chose his own fate. Moreover, while Socrates was careful to remind his friend to pay a sacrificial debt to the god of healing arts for the sacrilege of taking his own life with a poisoned cup, the other man was inclined to object to the sacrifice for sacrilege.

Bruce Malox (this name will hide his true identity) was a clever man but, as events will prove, not a wise one. He and his small family spent a summer vacation at the beach. When the vacation was over, Bruce reluctantly took his family back to the city. Within the week he was at his work, brimful of energy, so much so that, for the first time in his life, he began to have restless nights. By Christmas he felt vaguely ill. The following summer vacation he spent in the hospital, where he suffered regret for having wilfully defied his better judgment and drunk from a poisoned cup.

Mary, his wife, had been the first to notice a change in him. Bruce became most irritable during the fall. Sometimes he was worse than at others. After his short temper had flared up into a family quarrel, he would become depressed and spend a day in bed complaining of an overpowering tiredness and pain in his back and knees. On one of these occasions Mary called in Dr. Brown, her baby's doctor, who said that Bruce was working too hard and was too much "on edge." He gave Bruce a tonic. It seemed to do some good.

After a week in bed he felt able to cope with the office. But the pre-Christmas rush of business was often too strenuous for him. Quite suddenly he admitted to himself that he was not well—his staff had long been convinced of this—and he allowed this realization to spur him into an appointment with a physician.

He was rather dissatisfied with his visits, because Dr. Wilson seemed so vague about naming the cause of his illness. There was talk of arthritis, of other chronic diseases. He was x-rayed, and wired to various machines. He even heard an ugly whisper: "Psychosomatic case, you know, family trouble." He drank many-colored medicines. He ate many-sized pills. At times he felt better, at others he owned all the world's ills.

As winter budded into spring, he finally asked his doctor to send him to a specialist. Dr. Ross was suggested and again the prodding and testing began. The prodding showed nothing to account for the disorder. But this very fact led Dr. Ross to suspect the nature of the disease and he became interested in the results of three tests: a skin test, a serum-agglutination test, and a phagocytic test. He knew that none of these could be relied upon to prove his suspicions, but their results would assist him in the proper reading of his patient's symptoms. In other words, the diagnosis was to be largely a clinical matter.

Dr. Ross had noted that cases of this nature often had such a wide

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range of symptoms that the disease could masquerade under many guises, making diagnosis most difficult. The majority of cases had a chronic history, extending over one or more years, during which time the patient suffered frequent relapses into febrile ill-health, although some, like Malox, were entirely afebrile.

In common with experience everywhere else, he was seeing an increasing number of cases every year. It was hard to say whether the increase was real or apparent. Either the disease was spreading or, despite the difficulties, it was being diagnosed more often. He feared that it might be too much of the former and too little of the latter.

When the results of the tests carried out by Dr. Ross were recorded, the intradermal test was markedly positive. Having comparable significance to the tuberculin test in tuberculosis, this test was ordinarily positive in about 90 per cent of proven cases. On the other hand, the serum-agglutination and the opsonocytophagic tests were both negative, agreeing with the usual findings with these tests, since they were each positive in only about 25 per cent of cases.

Taken into account with the history of Bruce's illness, the positive skin test was thought to have diagnostic value. Efforts were made to isolate the causative agent from the blood during one of his periods of greater illness, but the usual outcome in chronic cases was reported—the cultures were all negative.

Thus arriving at the diagnosis, Dr. Ross was now faced with the problem of treatment for a disease having no sure cure. Many systems of therapy were available, all receiving strong support in some localities, while elsewhere they were equally strongly condemned.

In general, antiserum, sulfonamides, penicillin, and streptomycin had won few supporters. Vaccines and bacterial extracts had been used with some value claimed. In acute infections (those occasional cases that burst sharply after infection and run a strong, short course), aureomycin had won considerable success but its usefulness in chronic cases was not established.

In the course of the examination of his patient, Dr. Ross probed carefully into his past activities. Gradually he pieced together an account of a wonderful family vacation at the beach. But some details of it had ominous import.

Every morning, after he returned from fishing, Bruce used to fetch the milk needed by his infant son from a near-by farm. He would take along a large pitcher and bring it back, brimming with a grade of milk rarely seen in his home in the city. Mary boiled the milk for her family's use. This she did as the accepted thing to do to protect herself and her family from whatever hazards might lie in raw milk. She was city born and bred, and she was not too clear as to the nature of the hazards, but boiling was apparently supposed to remove them.

On a few occasions, when Bruce reached the farm, the day was hot. Inside the concrete milk-house, the coolness was delicious. Here he liked to pause, while the milk was being ladled out, chatting with some member of the farmer's large and robust family. One particularly hot day he sat awhile and drank some cool milk before leaving. A ladleful of fresh milk in the milk-house soon became a custom.

Typical of the infected city dweller, Bruce had contracted his illness while on vacation. But even those who never left the city were sometimes in danger. This was particularly true of packing-house workers, butchers, and veterinarians, who met with the infection in the course of their daily work. But, on the whole, Dr. Ross felt that rural populations contributed the greatest number of cases, since the reservoir of the disease was an infection of domestic animals. This presented a hazard to rural dwellers when they drank unpasteurized milk from their infected herds of cows or goats, or handled the infected tissues of cows, goats, and especially swine.

When the decision on the diagnosis

had been made, Bruce Malox came to occupy a bed in the hospital during his summer vacation. He was not too pleased with himself. The recollection of his visits to the farm in the previous summer was pleasant, and he could not truthfully say that he had had any hestitation in accepting the first drink of cool milk. He had, of course, been aware of some danger in raw milk but the robust evidence of the farmer and his large, friendly family was convincing enough to allay any doubts. He knew he had only himself to blame. So here he was, the voluntary victim of a poisoned cup, about to test the efficacy of aureomycin in a chronic case. Dr. Ross had given him no reason to hope that it would do any good. He was, indeed, not too pleased with himself and he was hardly in the mood to receive the clinic of medical students that the doctor had said he would bring.

Meanwhile, in the hallway, Dr. Ross was discussing Malox's prognosis with a group of senior medical students. "These chronic cases," said the doctor, "may continue for years as a marked inconvenience for the patient and his family but rarely threatening his life."

"Do they ever recover?" he was asked.

"Yes, with persistent treatment (or in spite of it!) the majority recover, sometimes after a short time, sometimes it takes several years. Actually, what we call recovery may be only a very lengthy remission between relapses. We cannot yet speak of *cures* in these chronic cases."

"Sir, do recovered cases show evidence of immunity?"

"That all depends on what we understand by immunity. They have clinical evidence of immunity by having apparently conquered their disease, but the laboratory may be unable to find a significant amount of antibodies in their blood serum. How well they could tolerate a re-infecting dose of organisms is a point I cannot answer. But some people must have resistance since the farmer and his family who drank the same milk as Mr. Malox seemed to enjoy perfect health. We cannot even predict that Mrs. Malox and her baby would have become infected had they drunk the milk in its raw state. I think we have to admit that the problems of immunity in this disease are still largely unsolved, but we do not need to wait for these solutions in order to study better means of diagnosis and to reach a fuller understanding of the clinical features of the disease."

"If there are no other questions at present," continued Dr. Ross, "we shall go in and see Mr. Malox. Remember to deal cordially with him. Like so many cases of this sort, he seems a little put out with the world. Although he was responsible for his own infection—for he did know better than to drink raw milk—he is now inclined to think that he has already paid too much for his lesson. He is especially unimpressed by us. Since we cannot pull a ready cure out of a hat, perhaps he feels that he owes nothing to the sons of Aesculapius. And I cannot bring myself to blame him. Certainly, if I had *chronic brucellosis** I would feel much the same way!"

*Brucellosis (undulant fever) in man is a systemic or focal infection caused by *Brucella melitensis*, *Brucella abortus*, or *Brucella suis* . . . The course is of indefinite duration, but may be marked by repeated relapses and may become chronic. The mortality is low.—I. F. Huddleson in "Brucellosis in Man and Animals"

℞ *Chuckles* P.R.N.

The type of joint movement involved when tilting the neck to look at the ceiling is reflexion.

Circumcision means drawing a large circle around a cut.

By depth of respiration we mean nearly at the bottom of respiration—i.e., the last breath.

In hypodermic medication prick a good fleshy part so you won't scrap the bone. Always hold the skin taunt.

Evaluation of Schools of Nursing

SISTER DENISE LEFEBVRE, S.G.M., M.Sc.

Average reading time — 20 min. 48 sec.

HAVING PARTICIPATED actively in the program of evaluation of the Canadian Conference of Catholic Schools of Nursing, I shall discuss in this paper the purposes, values, procedure, and the results of this evaluation program. What applies here will also be true, in a certain measure, of any program of evaluation or accreditation.

PRELIMINARIES

For a number of years the Canadian Conference of Catholic Schools of Nursing had been studying the possibility of evaluating and accrediting our Catholic Schools of Nursing throughout Canada. After much preliminary work, this tremendous dream became a reality in the fall of 1946 when seven examiners visited 24 schools and presented a report of each visit.

> These schools, located in 19 different cities, 8 different provinces, were under the direction of 19 different sisterhoods and represented a total number of 2,695 students. — REV. H. L. BERTRAND, S.J.

PURPOSES OF THE PROGRAM

The general aim the Conference had in view was to stimulate Catholic schools to achieve a progressively higher level of excellence. We considered the program as promotional work in the field of nursing education; so we did not hesitate to undertake it with all the work, risks, and responsibilities entailed.

We defined evaluation as a process by which an organization would, after visit, investigation, and report from an examiner, pass a judgment on the quality of the school's performance with reference to the stated purposes of that school. It was felt that this evaluation was a necessary step toward accreditation since it was meant to secure factual information which would be used as a basis for accreditation when the program has advanced further and the Conference is prepared to assume the responsibility.

Our purpose as now set forth is not, therefore, as it would be in accreditation: to classify schools or to publish a list of those approved or accredited. It is rather to aid each school to remedy its weaknesses and strengthen its total program.

The basic principles of our evaluation program lay in the fact that our schools claim to be Catholic, educational institutions preparing individuals for the practice of professional nursing.

As *professional* schools, we felt their program should keep pace with new developments without sacrifice of principles, apply the results of research to the care of the sick, and fulfil the social functions entrusted to a profession. It has been our hope that an effective evaluation program would be a means of helping our schools develop opportunities which would help them in raising the level of their professional effectiveness and in facing, with a certain amount of assurance, the present-day problems in nursing education.

As *educational* institutions, we thought our schools of nursing should adopt the objectives and techniques of general education in such phases as: faculty selection and preparation, curriculum administration, personnel activities, etc. The history of our schools shows, however, that they began on the apprenticeship system as aids to hospitals; therefore, they need stimulation and guidance in their educational endeavor. Then we asked ourselves the following question: Is the program of our schools of nursing adequate educationally to

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meet the need of the nurses of today? We cannot deny that there are in the organization of the nursing profession very marked changes, which are stimulated, some by social changes, others by normal progressive development. Our educational program must reflect these changes.

As *Catholic* schools, we agreed on the importance of the integration of religious teaching and viewpoints. The evolution of medicine and nursing has created new ethical problems and it is necessary that intimate relationships be emphasized between religious practice and professional life. Ideals are present in our schools of nursing; nevertheless, various circumstances prevent their full realization. It was the sincere hope that, through a program of evaluation, means would be found to overcome obstacles which, at the present time, retard their full development.

Values and Advantage of the Program

When these were analyzed, they were found undeniable. We outlined them as follows:

1. The program would describe the characteristics of a school of nursing worthy of public recognition.

In all professional fields we feel the need of experts to judge the validity of individual institutions. Just so, it is necessary to protect society against incompetent schools of nursing. This can be done only if those who are competent to do so set down the essential features of a *bona fide* school of nursing.

2. It would become an outside stimulus to improvement. This is usually considered highly desirable.

3. It would aid administrative officers in their educational endeavor by promoting self-study and constant improvement and in protecting the integrity of educational programs from the encroachment of vested interests.

4. It would prevent academic stagnation through the continuous process of follow-up: yearly reports, studies in various areas, etc.

5. It would give a feeling of assurance to students and graduates because of their realization that their school is aware of its obligation to exhaust every means of guaranteeing its product. It would thus raise the prestige of the school.

6. It would stimulate and encourage cooperation since the administrators of individual schools would become more conscious of the fact that they are working together toward a very important common goal.

7. It would be an excellent means of promoting an institution's specific purposes. For this the program was planned to recognize and give full weight to distinctive objectives, attitudes, and atmospheres of institutions; it thus preserves and encourages the wholesome opportunity for distinctiveness, initiative, originality, and experimentation.

8. It would be a protection against possible exaggerated government control and domination.

9. It would be a protection to the public at large. Nursing is concerned with the greatest values in human life. How disastrous could be the result of the mediocre training of a nurse! In many ways, a vast majority of people are at the mercy of our professional schools of nursing. Only if we take all effective means will we keep up the standards consonant with the high ideals proper to our profession and aid in the advancement of human welfare.

Procedure for the Visit

Once we were convinced of those values and advantages a definite method of procedure was decided upon. The general plan of action was as follows:

1. The program of evaluation was offered to all Catholic schools of nursing in Canada who voluntarily decided whether or not they wished their schools to be examined and evaluated. I may say here that all the schools welcomed the program and the visit.

2. Examiners were chosen from among capable sister nurses who were given special preparation for their work.

3. A special committee was formed whose duty it was to study the applications and decide on the details of procedure.

Preparation for the Visit

Once the application from a school

was accepted, schedules of questionnaires were sent to the director of that school. The schedules are very important. It may mean work to fill them out but they are essential to a complete evaluation. They give the school an opportunity of analyzing its own program and it is an excellent preparation for all the faculty members and even the administrators for the survey by the examiner.

Other sources of information were also requested—the catalogue or announcement of the school, the annual report of the school and the hospital, the curriculum for the current school year, lists of personnel, faculty qualifications, etc.

Planning for the Visit

The completed schedules were received at least one week before the visit and were carefully studied by the examiner concerned. Any items needing clarification or amplification were noted.

The school was invited to review, before the visit, its own organization, administration, and curriculum, in the light of present-day standards and criteria in nursing education.

A tentative plan for the visit was then made.

The Visit

The visit included interviews, conferences, and observation.

In hospital schools of nursing, we felt it was logical to meet the *administrator of the hospital* in the first day of the visit. From her, we obtained an overview of the hospital and the school. We also observed her attitudes toward the school as an educational institution, the confidence she had in the director of the school, the authority she delegated to her, her interest in the school problems and in education.

The *director of the school* had the largest part of the responsibility for giving the information regarding the educational program. The schedules were reviewed with her and completed when necessary. A plan for the visit was made and, through her, appointments arranged with the various persons concerned. The following points were discussed with her:

The purpose of the school.

The faculty selection, preparation, appointment, organization, and functions.

The general organization and administration of the school; the smoothness of its operation.

The functions of the board and of the various committees of the organization.

The delegation of authority and responsibility to the director.

The financial policies of the institution for the support of the academic program.

The adequacy of the physical plant.

The curriculum of the school, its character, and its relations to the purpose of the school.

Instruction in the school and methods for its improvement.

The relation of the school to the hospital. The quality of clinical resources.

The system of records and reports.

The sources and character of the student body; admission policies and recruitment practices.

The policies and practices in student counselling and guidance.

The plan for fostering investigations and study of institutional and educational problems.

Such an interview was meant to give the director an opportunity to interpret and help evaluate the educational quality of the school. She was expected to express her judgment as to the strengths and weaknesses of the educational program, its special contribution to nursing education, its needs and line of future growth and development.

Faculty members: The interviews with the other faculty members were concerned with their own fields of responsibility and functions. The competence of the faculty was observed in various teaching-learning situations. The results of instruction were indicated by students' ability to provide satisfactory nursing care and through various techniques, records, and reports.

These contacts with the faculty gave the tone of the institution; they revealed the degree to which the

faculty was aware of current trends in nursing education and new methods of teaching and of psychological management, organization of subject-matter, and examination practices.

Observation of the instructional facilities revealed whether they were adequate for the fulfilment of the objectives and for the carrying out of the educational program.

Visits to the departments of the hospital where students were receiving practice proved very valuable for a better understanding of the organization and administration of the hospital and of the clinical services; the standards of nursing care and service, the application of the principles of hygiene, the teaching of students and supervision of practice, the consideration of the patient as the centre of all activities.

The final conference was usually held with the members of the administrative and educational faculty present.

The Report

Following the visits a descriptive, factual report was prepared for the schools by each examiner. This report had to be comprehensive in scope but concise in statement; it was based on the schedules and additional information gathered during the visit. It expressed the visitor's judgment as to the approval of the school; the strong and weak points of the program were mentioned. It contained definite recommendations based on the evaluation of all data obtained. What was considered essential or very important was indicated as such; details were treated as details. The reasons for the recommendations were generally explained or reference given to the report. It was required that the report be logically organized with headings and sub-headings as needed to make it clear.

In our evaluation program maps were used along with the descriptive report. Their purpose was to show the school its rank, order of excellence for each element examined, and also its standing with relation to the other schools of nursing.

Board of Review

The report was then presented to a Board of Review whose function it was to study the schedules, the summary, and the maps, and to give its final approval of the report. The latter was forwarded to the school with the proper recommendations.

Periodically shorter reports are requested from the schools visited and are used for follow-up. Schools also send in reports of new developments and progress as they take place. Changes are made accordingly in the file of that particular school.

Results

In order to obtain an illustration of the general standing of the 24 schools, the scores given on each item were calculated, the statistical data compiled, and a graphic representation of the ranges and total averages prepared as shown in the accompanying chart.

No school was given a perfect score on any of the items. The highest score was allowed for operation and care of the school building. The lowest scores were given for budget administration, accounting methods, and vocational guidance.

The areas lower than the general average were: financial administration, library, and clinical instruction.

Relatively few institutions make provision for the financial administration of the school as such. The hospital usually assumes the financial responsibility. This area was evaluated on the following items: financial policies as related to educational objectives, budget administration, and accounting system.

Organization placed well below the average, especially for internal organization as concerns the efficient functioning of essential committees, the keeping of minutes, etc.

There are a certain number of very interesting and important points to note regarding the area of administration. Such items as admission, promotion, and graduation policies and procedures, conditions of faculty service, housing and boarding are scored higher than the general average, while records, especially clinical records, vocational guidance,

distribution of administrative, instructional, and personnel duties among the faculty members, professional interest and experience of the faculty are scored markedly lower.

When examined for holdings and use, as well as for effectiveness in the school program, the library received a low scoring. As this item may affect educational standards, it deserves our utmost consideration.

The personnel, facilities, methods, and records for instruction in the clinical field were, in general, in need of attention.

The physical plant of both the hospital and the school were quite adequate. Maintenance was also kept at a high level of efficiency.

The relations with the hospital were quite favorable.

The curriculum, as far as it was analyzed in the 24 schools visited, showed a growing awareness of the importance of this area in educational achievement.

Finally, it is gratifying to note that most of our schools of nursing have made sincere efforts towards achieving the objectives they had set forth.

Criteria Used

The following are the criteria used in evaluating each of the schools. The accompanying table shows the range of scores, mean and median on these criteria. (Mean X; Median I; Range—).

Objectives

1. Religious
2. Educational
3. Professional

Organization

4. Corporate Organization
5. Internal Organization
6. Organization of Relationships
7. Organ. of Sch.-College Relation

Administration

8. Selection of Faculty
9. Professional Preparation
10. Experience
11. Professional Interests
12. Instructional Duties
13. Administrative Duties
14. Personnel Duties
15. Conditions of Faculty Service
16. Curriculum
17. Admission
18. Promotion and Graduation
19. Special Classes of Students
20. Academic Guidance
21. Vocational Guidance
22. Personal Guidance
23. Health Guidance
24. Student Health Guidance
25. Discipline
26. Spiritual Group Guidance
27. Spiritual Individual Guidance
28. Records and Reports
29. Recording
30. Special Activities
31. Housing
32. Administration of Boarding

Finance

33. Financial Policies
34. Budget Administration
35. Accounting Methods
36. Financing Supplem. Activities

Relations with Hospital

37. Rel. between Sch. & Hosp. Person.
38. Adc. of Census for Sch. Program
39. Hospital Organization
40. Quality of Medical Care

Physical Plant

41. Hospital
42. School of Nursing
43. Op. and Care of Hospital Bldg.
44. Op. and Care of School Bldg.

Curriculum

45. Objectives and Organization
46. Techniques of Curriculum
47. Courses
48. Nurs. Content of Curriculum
49. Basic Science Course
50. Cultural Course
51. Course in Nursing
52. Another Course in Nursing
53. Course in Ethics
54. Course in Religion

Instruction

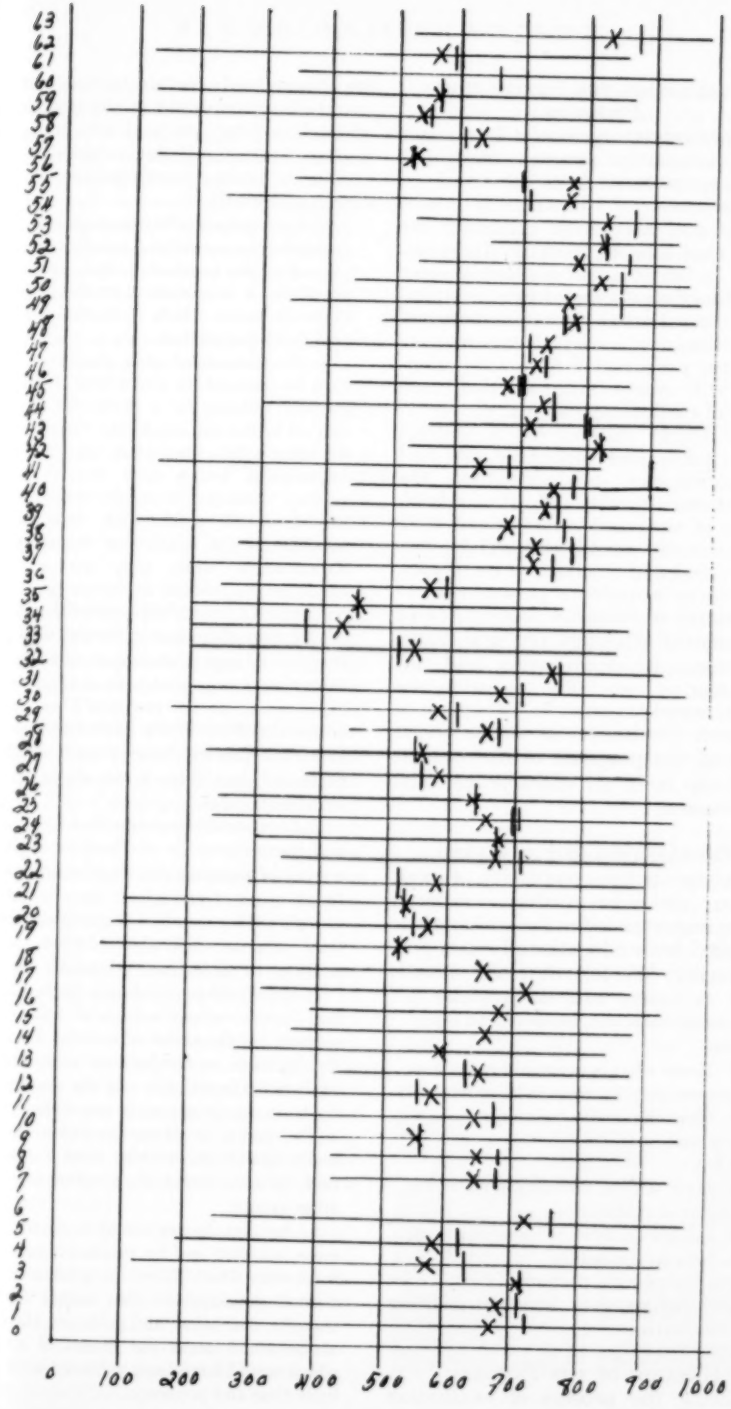
55. Institutional Concern for Instruc.
56. Methods
57. Facilities
58 Effectiveness

Library

59. Library and the School
60. Holdings and Use

Educational Results

61. Examinations
62. Placement
63. Professional Certification


63 62 61 60 59 58 57 56 55 54 53 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0
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Evaluating the Evaluation Program

Improvements in schools: As a result of the evaluation program many improvements have been observed in our schools of nursing—in those visited and also those expecting the visit. One school closed its doors because it felt it could no longer meet its objectives; some have enlarged their educational program, opened their libraries; others have encouraged the preparation of faculty members; still others improved their program of clinical instruction, etc.

We found differences in institutions. Some were superficial and had no significance in determining the educational quality of the school. Many of the variations noticed were educationally sound and will be fostered; choice of teachers, of textbooks, differences in students' personnel service, source of financial support, extra professional activities, physical plant, differences in organization and administration, etc. The question we asked ourselves was: Is this plan or program conducive to the achievement of the purposes of the institution? Or is it an obstacle to such achievement?

Preparation of Examiners

Because of the complexity of evaluation, we were further convinced of the importance for the visitor to be qualified both educationally and professionally. We felt that she should:

1. Be familiar with the principles of good administration, teaching, and supervision.
2. Know what is essential for a school to possess and the areas to be evaluated.
3. Have the ability to interpret objectively and to express herself clearly in writing.
4. Have a clear understanding of the purposes of evaluation.
5. Possess qualities of leadership if she is to help on counselling.

Inexperienced persons should be trained before they attempt visiting and evaluation.

Hazards of the Program

During the process of evaluation we discovered certain errors which could easily be made at the beginning of such a program and which might prove disastrous if not avoided.

The following cautions are, therefore, presented:

1. It should never be our purpose as an evaluating or accrediting agency to take control of the institution. Our sole responsibility is to pronounce on the quality of the program which is to ensure the quality of the product.
2. A standardized plan should at no time be imposed on any school. It may simplify training for a profession if we cast all in the one mould but "it reveals the mind of the filing clerk who objects to business which does not fit the system." Initiative in details of administration should reside with those responsible for the conduct of the school. Experiments, when they are sound educationally, should be encouraged. A regimented curriculum with detailed prescription of content in nursing education, as in any professional education, could become a great danger to initiative, experimentation, and progress. There are, unquestionably, certain basic knowledge and techniques which every nurse should command, but there is no single way of achieving this.
3. Care should be taken that idealism and inexperience do not lead us to the setting of unreasonably high standards. In all areas of education, there is, and always will be, over and above the essentials, a great diversity of levels, according to objectives, clientele, etc.
4. We should guard against discrimination in the various sources of financial support for the school of nursing. Given the facilities to conduct an acceptable educational institution and the requisite funds, it should not make any difference in the quality of education where these funds come from, whether from a donation, the government, the hospital, or any other agency.
5. Another danger would be to try to move too fast and be intolerant of the institution which shows the gradual and normal development that comes from thought, discussion, and guidance. Hasty action could cause the defeat of ends which would have been achieved with a little time and prudence.

To conclude, I cite the words of Rev. Father Mallon, S.J., in his article on "Accrediting of Professional Education," published in *The American Journal of Nursing* in Nov. 1948:

> A hazard to accreditation in the field of nursing may be in a program which divorces the course from actual nursing. Clearly academic training is tangible and will submit to criteria to measure its quality. Bedside service to the ill must be the real objective of nursing education, but it is not equally measurable. There is hazard, too, necessarily, in the fact that in most professional fields the people who have the background and idealism to lift the profession higher are also too often people whose immediate practice of the profession is a thing of memory.
>
> To me, it would be a tragedy to humanity should the vocational aspect of nursing, the care of the sick, be lost in a maze of academic standards and norms which have no valid reason for existence except in the interests of the care of the sick.

Ambulance Duty

JOAN AINSWORTH

Average reading time — 5 min. 36 sec.

THE BERMUDAS are a group of about 300 coral islands, two of which were joined together in the building of an American base during the war. They are situated some 750 miles southeast of New York in the Atlantic Ocean and are said to be the most northerly coral formation in the world. To Canadians they are most familiar in advertisements as a winter playground.

I remember how, as a student nurse in Montreal, I used to walk past a travel agency in whose windows were displayed pictures of Bermuda. Viewing all the snow and slush around me, and feeling the biting wind, I used to long for the brilliant skies, gaily colored houses, and magnificent hues of the Bermuda waters. To describe Bermuda as the "Isles of the Rest" was far from the truth, as one, who had lived and worked at the King Edward VII Memorial Hospital for one year as a student nurse, knew only too well!

The area of these islands is about 20 square miles. The population of approximately 35,000 includes European, Negro, and Portuguese. This does not include a fluctuating tourist population averaging 38,000 per annum. All this information probably seems highly irrelevant to the title of this article, but wait a minute! As in any other community, there is the usual quota of illness, accidents, and other emergencies to be encountered, but the transportation problem of these islands is unique and demands a constantly available Ambulance Service. There are approximately 300 miles of macadamized roads, as well as those known as tribe roads—which are often narrow, uneven tracks, which somehow or other the ambulance drivers seem to negotiate.

The King Edward VII Memorial Hospital owns and operates two am-

Ready for a call

Miss Ainsworth is currently enrolled as a student with the McGill School for Graduate Nurses.

bulances, each specially constructed on a Ford chassis. The interior provides an adjustable stretcher and side chairs for nurse and relative travelling with the patient or, if from the hospital, another ambulant patient. In addition, there are cabinets containing drinking water, paper cups, extra blankets, gowns for nurse and patient, "celluwipes," kidney basins, etc., and a small oxygen tank with funnel apparatus. There are also two bags, one fully equipped for surgical emergencies, containing:

Packages of surgical dressings, dressings, swabs, rubber tourniquet, roll 1" adhesive, mouth gag, 2" and 3" bandages, medicine glass, minim glass; bottles of brandy, alcohol, iodine 2½%, mercurochrome 2½%, aromatic spirits of ammonia; hypodermic syringe with 2 needles, files, bowl, kidney basin, scissors, 4 straight forceps.

Drugs: Camphor in oil gr. 3, adrenalin, strychnine sulphate gr. 1/30, digitan, pitocin, coramine, morphine sulphate gr. ¼.

The other bag is fully equipped with all necessary articles for a delivery and contains:

Kidney basin, bowl, 3 O.R. towels, packages of dressings and of swabs, medicine glass, 3" bandage, perineal pads, two pairs of rubber gloves (sizes 6½ and 7½), cord ties, hypodermic syringe and needles.

Drugs: Ergot, pituitrin, morphine gr. ¼, coramine, camphor in oil, strychnine gr. 1/30, alcohol, fluid extract of ergot, silver nitrate, Dettol, soap.

Instruments: 2 pairs artery forceps, 1 pair tissue forceps, scissors, chloroform, chloroform dropper & mask, thermometer, padded tongue depressor, caps and masks.

It is surprising how often this bag is put to use. I have even known the first baby of one of the loveliest pairs of twins I have ever seen to be christened "Mike," after the Portuguese driver on whose shift his precipitous arrival occurred.

In one of the lockers also is a sheaf of ambulance slips which the nurse fills out before returning to the hospital. Much time is saved and assistance given the doctor if these slips are filled out correctly, particularly in an accident or in the case of transporting an unconscious patient.

The ambulance staff consists of two Portuguese drivers plus an auxiliary driver. These men work in shifts—24 hours on, 24 hours off duty, from 8:00 a.m. On every call the driver is accompanied by a nurse and an orderly to assist with the stretcher and any heavy patient. Generally, the nurse is from the out-patient department which receives and despatches all calls, but occasionally the call may be taken by a nurse on the ward. All obstetrical calls are taken by nurses from that department and a nurse from the isolation division accompanies patients to and from this unit. After five years of working with these drivers, I feel convinced that the Canadian nurses employed on the staff of the hospital are given a better sightseeing tour on ambulance duty than any offered by a carriage or taxi driver. Camera fans have often gone back on their bicycles to obtain a delightful snap of "local lights" and places no tourist would normally visit. To many nurses, the names of persons and places must seem confusing, as indeed it is, with the different races included in the population, and where there is a fairly high percentage of illegitimacy. As one who has now lived and nursed among these people for a considerable time, I find myself saying "Are you a Simons from Somerset?" etc., and have, in many cases, cared for several generations of the same family!

Bermuda depends to a considerable extent on her tourist trade. These visitors are subject to the same illnesses and perhaps are more prone to accidents due to their inexperience in the management of a bicycle!

We all know how helpless and dependent we become in time of sickness. To be taken to hospital during what should have been a wonderful vacation must tax an individual's emotional make-up to breaking point. Seldom does a ship dock here without leaving a passenger or member of the crew behind for

(*concluded on page 296*)

Private Duty Nursing

My Feet are Killing Me!

GRACE KELLY

Average reading time — 4 min. 48 sec.

ONE OUT OF EVERY THREE persons complains about aching feet. Women are more prone to pedal ills than men in a proportion of four to one. Recent studies have shown that 70 per cent of upper grade school children have feet that require attention. Many of these are the girls who will later be applying for admission to our schools of nursing. Since the cause of most of this discomfort lies in the fit of the shoes they wear, nurses have an obligation to wear properly fitted shoes themselves and to encourage parents to see that their children are suitably shod.

Up to the age of seven, a child outgrows its shoes before it outwears them. At adolescence the feet grow even more rapidly. A twelve-year-old's feet, for example, may grow from one to three sizes every 12 to 16 weeks. The 26 bones that comprise each foot do not reach their maximum development until about the age of 20. Yet their delicate, complex structure is one of nature's wonders since these bones are subjected to thousands of pounds of pressure daily.

RELIEF FOR ACHING FEET

Most nurses have experienced a luxurious feeling when they get home, take off their shoes, stretch their feet and wiggle their toes. According to the foot specialists, that is the basis of the best possible exercise for aching feet. Toe curls can be done sitting, standing, or bucking the crowd on the home-going bus. Keep curling and uncurling your toes, stretching them as much as possible each time.

Foot flexing is another boon when legs are cramped or painful after a switch from high to low heels. To get maximum relief, sit on the edge of your bed with your shoes off, extend your legs, and flex your feet up and down as far as they will go each way. The pull in the calf muscles indicates how stretching brings muscle tone back to normal.

Podiatrists also prescribe another simple exercise for feet that are tired after a day on duty. If painful adhesions have formed from wearing shoes that look better than they feel try this toe exercise: grasp the big toe between thumb and forefinger and move it in a circular direction. This simple exercise helps prevent bunions and relieves stiffness in the big toe joint.

A daily foot plunge in tepid water,

Tepid foot bath

The material for this article and the illustrations were contributed by the Sole Leather Bureau of New York.

Be measured standing

with a teaspoonful of epsom salts added, will relieve tired tendons and aching joints. It's also quick relief for ankles that are puffy after an especially busy day.

Does a Shoe Fit?

Get a picture of the condition of your feet by examining your shoes. Look at the bottoms first. If the wear covers the entire sole area, with the greater wear evident along the margin of the sole, the shoes fit correctly. The heel, also, should be worn down along the outer side. These are the areas that receive the greatest thrust of body weight under normal conditions.

If the forward portion of the sole shows excessive wear, the shoes are too short. Toes are being cramped. This will affect gait, posture, and may be the root cause of back pains later.

Is wear especially heavy on the inner border of the heel and on the inner margin of the sole? If so, chances are that the upper is misshapen, too, with the inner side bulging unnaturally. This all adds up to pronation—the forerunner of flat feet. Again, the source of the trouble is shoes that don't fit but the remedy may call for a visit to your physician.

Children's Feet

A survey of foot specialists revealed their concern with three tendencies in the care of children's feet:

1. The fitting of children with hand-me-downs discarded by their older brothers and sisters. Doctors warn against this practice, which disregards the fact that children's feet are malleable and will go any way they are pushed.

2. The widespread use of sneakers for everyday use. Officials of the Podiatry Society warn that sneakers and many popular loafer shoes provide insufficient support at the instep. As a result, weight is distributed wrongly and weak feet and, eventually, flat feet may develop.

3. Directly tied up with the use of sneakers is the lack of public education regarding the dangers of wearing shoes with impermeable materials. Children and adults need plenty of ventilation for their feet to prevent the development of fungus infections and other ailments resulting from the use of shoe materials which neither allow the passage of air nor absorb perspiration. It is this consideration that led the National Foot Health Council to recommend leather soles. The fibrous structure of leather allows passage of air in and out and provides necessary air-conditioning.

Buying Shoes

Foot specialists have pertinent things to say about shoes. First, all footwear must fit properly. This rule starts with the first pair of shoes parents buy for a child and lasts a lifetime. Never try to force your feet into shoes even half a size too small. In buying shoes for children the rules to follow are: Measure the child's feet every time new shoes are bought. Fit the larger of the two feet. Never be guided by the size of the last pair of shoes.

For school shoes, authorities recommend oxfords at least four eyelets high, with supple uppers and flexible leather soles that bend with the foot. The shoes should have a firm counter at the heel to hug the foot. They should be wide enough to allow the leather to be pinched together between the fingers and long enough to provide three-quarters of an inch between the longest toe and the tip of the shoe.

In respect to her own shoes, every

nurse should discover the style that suits her particular needs, both for duty wear and when off duty. Since her livelihood depends to such an extent upon foot comfort, extremes in design should be rigorously avoided. When she finds a last that suits her foot, it is well to stick to it even though she may crave some of the less substantial looking shoes that are offered. For perfect fit, buy your shoes towards the end of the day and have your feet measured when you are standing up. Leave high heels for gala evenings and stick to medium heels for duty wear.

In The Good Old Days

(The Canadian Nurse, April 1910)

"We are now assured that it is not possible, as was once thought, that cows, drinking water infected with typhoid bacilli, can transmit the bacilli in their milk."

* * *

"A new form of fever has been rife among us and we are only now in the development stage with occasional characteristic rises in temperature whenever fresh news arrives of new marvels in aeronautics . . . Some ladies fell victims to such an acute attack of aviation fever and were persistent to the extent of audacity in the attempt to induce an aviator to take them for a flight . . . It is amusing to hear that 17 years ago orders were issued at Washington in the Patent Department that airships and perpetual motion machines should be classed together and patents refused, as such were considered absolutely impracticable."

* * *

"In Montreal, school nursing and tuberculosis class work conducted by the V.O.N. are showing good results. Two nurses work especially among tubercular patients."

* * *

"Hospital social service work . . . had its beginning in the Johns Hopkins Hospital eight years ago . . . It was Dr. Cabot, of the Massachusetts General Hospital, who first established the department as an integral part of hospital equipment about five years ago."

* * *

"The Halifax Children's Hospital is doing splendid work. It is now caring for 17 little patients."

* * *

"Miss Clark, of the Presbyterian Hospital, New York, has been appointed Lady Superintendent of Hamilton City Hospital at a salary of $900 per year."

* * *

"According to the Government Inspector's report for the past year the expenditure for the support and maintenance of the hospitals of Ontario was $1,594,750. This indicates a spirit of philanthropy that speaks well for the Province."

* * *

"The Calgary General Hospital . . . reports that the cost of maintenance per patient was less per day, being $1.20 for 1909 as against $1.35 for 1908."

Fluorides

The importance of fluorine in preventive dentistry is now acknowledged. Current interest centres on the presence or addition of fluorides in drinking water and tends to obscure the fact that foods also furnish dietary fluorine . . . Seafoods contain more fluorine than any other food except tea . . . Tea is very high in fluorine—75 per cent or more is extracted by boiling water. The hot water extract of one tea-ball may contain 0.1 mg. of fluorine.

The fluorine content of cow's milk is not affected by the fluoride content of the cow's ration or drinking water. The content in citrus fruits is less than 0.1 part per million. Common cereals . . . are extremely low . . . Most fresh vegetables range from 0.1 to 0.3 p.p.m. on a fresh weight basis.

—Nutritional Observatory

Institutional Nursing

The Nurse and the Rural Community

SISTER STELLA M. DUBE

Average reading time — 8 min. 36 sec.

IT HAS BEEN my good fortune to have been stationed for a number of years in a small rural hospital and to have had the enlightening experience of seeing the influence such a hospital can have on the surrounding district. A small rural community has few possessions so these few it takes to its heart. Often, the hospital is the only possession and its solitary position of honor gives it a standing quite out of proportion to its size.

I view with a considerable feeling of regret the present-day tendency of building in the large urban centres and away from the small rural areas. It is a pity that we are getting away from the rural people who will always be the backbone of a nation. It is true that certain advantages accrue from this concentration of service in the larger areas. It is often a necessity, too, as it affords the selection of the best in special services, technique, and equipment for schools of nursing. But I make bold to assert that the small rural hospital has possibilities of creating a good community spirit, not given to the larger institutions.

The small rural hospital belongs to the community which is fortunate to possess one. It soon becomes an integral part of the village or town where it happens to be. The local interest it creates can develop among the residents of the district that characteristic quality, known as a *good community spirit*. Whether that community spirit will continue to deserve the descriptive word "good" will depend in a large measure on the nursing personnel of the small rural hospital.

Sister Dube is superior at Our Lady's Hospital, Vilna, Alta.

In speaking of a hospital, I am considering, of course, its soul, as well as its body. In this age, the inclination is often to give first attention to the body. We are often more concerned with the type of building, the furnishing and the equipment than we are with the soul of the hospital—the doctors and nurses who operate it. Stone, wood, and metal can bring small comfort to the sick and the weary unless their use is directed by fully developed human personalities. It is that human personality, the nurse, who is the subject of this paper.

Questions stimulate thought, they contain an open challenge and, at times, a silent reproach. To the questions: "What is the position of the nurse in the rural community? What should she give to the rural community of which she forms so important a part?", the answers come swift and certain. Her position is that of a leader. She should give to the community all that she has.

The nurse is a leader. In what does her leadership consist? Not necessarily in appearing on public platforms or in the public press. Her leadership, generally, will consist in the influence she exerts on the little world with which she is in contact. If her influence is to be of value to those with whom she deals, she will have to develop and maintain the fine Christian qualities of a true woman—kindness, mercy, generosity, sympathy, zeal for her work, nobility of thought and act. These lacking, all the professional skills in the world will not make her a nurse in the ideal sense of the word. She may be able to heal the wounded limb but she will not be able to soothe the overwrought

mind of the worried, nor awaken the flagging courage of the depressed, nor bring back the smile of contentment to the face of a frightened child. A nurse is more than a soulless expert, making beds and applying medications. She must show by the radiance of her virtues that she is a complete woman, spirit as well as flesh.

It is true that the nurse is called upon to give much of her time and energy in her arduous service to the community in which she lives. To some, it may seem that to go to work in a small rural hospital is the killing of oneself for others; a burial of one's hopes and ambitions. This is far from true. If nurses-in-training could be given two months' experience in a rural hospital before they graduate there would exist among them a greater understanding of the problems, the compensating joys, and the minor sorrows of the rural hospital and the rural community; and a greater willingness to devote part of their life to this important section of our country.

We make our world and carry it on our back. The great business in the life of a nurse is to be and to do and to do without. Never has there been more discontent than there is in certain sections of the population today and never more leisure and more material wealth been found among these people. The nurse must learn to be satisfied with less of the material in order to enjoy more of the goods of the spirit. The greatest thing the nurse needs is zeal in the carrying on of her chosen profession. It is easy for the spirit to lag and, after awhile, die out. Most of us know how close is the border line beyond which our work becomes a chore. Conditions are not always (I should be honest and say they are never) perfect. If the doctor proves to be a model of his profession, then the handy man is "like a long headache in a noisy street." If these two important members of the hospital staff are all that can be desired, then there remains the maid problem, or the shingling problem, or the lighting problem, or the power problem, or the thousand other problems that I could describe in detail. In the midst of all these human upsets, the flame of inspiration must be kept alight, the ideal must not die down. The nurse must train herself not to permit the power of circumstances and persons to affect her to the point of discouragement and to murmur, "Is it worthwhile?"

The life of a nurse is a glorious career, considered even from the national standpoint. It is a life of service to her beloved country. Those who help build up the minds and bodies of the weak and ill are performing a task of tremendous importance for any nation. Just to imagine the country without nurses for one week gives sufficient food for thought as to the value of the nursing profession to the nation in general and to the local community in particular.

In the rural district it can hardly be otherwise than that nearly every member of the community, at some time or other, has been a patient of the hospital. How much fear is disguised by the patients and relatives—fear of the unknown? To establish the patient in quiet of mind, and also the patient's relatives, is a task and a duty confronting the nurse. She must act in the capacity of a public relations officer for her hospital. This will not be difficult if she has cultivated a warmth in her heart and a cordiality in her manner of greeting. When the new-comers are met with the friendliness and sympathy that the welcoming nurse knows how to extend, their instinctive dread of the hospital, as a place of bleakness, coldness, and aloofness, disappears. In the small hospital the doctor and nurses form a unit for the common care of the patient. The family spirit, the informality, and personal interest in each patient as a member of the same small community create a relationship between staff and patient that does not weaken when the patient is discharged.

Members of the rural community, on their visits to the hospital, should see the nurse as "a lovely light in

every room." She should breathe the spirit of kindness and sympathy and mercy. Nurses have always made sacrifices for their profession and often the greatest sacrifice and the one that yields the greatest returns is that of self-discipline; the care of the sick, when done conscientiously, can never be an easy task. The fundamental purpose of nursing is to make the patient comfortable and to aid the physician in applying every known therapeutic measure for his recovery. In doing this, she is only being just, for justice demands that the patient receive the best possible care.

In the small hospital the nurse has an excellent opportunity, at times, of giving psychological help to a soul tried by sorrow as well as physical pain. All spiritual values seem to have dissolved and disappeared. The nagging thought that nobody cares can worry a patient into a greater than physical illness. The nurse can be an escape valve for the pent-up emotions of the patient. If she is a wise and well-developed personality, she can offer constructive advice and consolation. Every need is an opportunity and every opportunity is a responsibility. There is created between a good nurse and a patient a bond of understanding which makes for sympathy and a desire to be helpful on the one hand and an eagerness to share one's troubles and receive advice and help on the other. The problems that worry or puzzle a patient may seem of little moment to the nurse—perhaps it is the question of feeding the older children or of caring for their minor ailments. An alert nurse will not let the occasion pass without making sure that the mother goes home with a good knowledge of how to handle her little problems. Or it may be the mother with her first-born awed by the task of preparing a formula. The wise nurse will see that the mother knows well how to do this before she leaves and not only that she knows how but that she carries with her on her long trip by wagon sufficient for the baby's first feeding. How great will be the appreciation of the mother, after the weary journey, to have only to heat the formula! It gives the mother that breathing space we all appreciate.

In addition to the contacts with the patients and the patient's friends, there is also the women's auxiliary to deal with. This relationship can be very pleasant and profitable both for the individual nurse and for the hospital as a whole. A group of friendly, rustling women, engaged in conducting teas or bazaars to help the hospital make ends meet, is an encouraging sign of healthy and happy relations between the nursing staff and the district. We are told that if we want to make a friend of a stranger let him do a favor for us. There is no surer way of making friends for the hospital than by encouraging the women's auxiliary in their projects.

The nurse will not taste real happiness until her giving excels her taking; until she is more concerned with what she can do to help others than with looking to others to help her. The nurse, who has learned to adapt herself to the needs of the community, can take the situation as she finds it—mould it to her own ends and produce a worthwhile work no matter how small a sphere it be. In her capacity as leader in the community, the nurse can find numerous opportunities for instruction in hygiene. Groups are always to be found who are ready to attend classes in home nursing, first aid and emergencies. Classes, too, in prenatal care are eagerly looked forward to by expectant mothers. The nurse will find herself so occupied with the interests and problems of the district that she will look with surprise at the questioner who asks: "Don't you find it lonely in that isolated district?" Many forget that life is largely what we make it. In the hospital, as outside, we live to learn; we are learners all our lives. And the knowledge that service for others brings with it a recompense in the form of quiet contentment is a lesson that the nurse soon makes her own. The compensating satisfaction of activity can be found in several ways—in the inspiration of service to one's com-

munity; in the inspiration of service to one's neighbor; and in the inspiration of service to Him who said, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me."

A Dream Come True

For years, we had planned, prayed, hoped —and almost despaired—of obtaining suitable accommodation for our student nurses. So February 2, 1950, was a red-letter day in the history of St. Mary's Hospital, Montreal, when the new five-storey nurses' residence was officially blessed and opened by His Excellency, the Most Rev. L. P. Whelan, Auxiliary Bishop of Montreal. Mr. J. J. Gallagher, president of the Board of Directors, welcomed the guests and expressed appreciation to all who in any way have contributed towards its erection. His Excellency asked God's blessing and protection on the new building and inspiration for its teachers and students.

Following the ceremony, tea was served on the mezzanine of the hospital.

"Open House" from 4:00 p.m. to 9:00 p.m. provided an opportunity to the public for visiting the residence. The living-room, where the accompanying scene of relaxation occurred (no, it isn't a bedtime story!) is on the main floor and has been artistically furnished by the Ladies' Auxiliary. It is hailed with joy by the students and their visitors. There are 68 single and 20 double rooms furnished in blue and rose furniture, with colorful drapes and an easy chair in each room.

The informal sitting-room and adjoining kitchenette is one of the most popular spots in the whole residence. Thanks to the alumnae association of our school of nursing, it has been possible to furnish this with attractive red and black chrome furniture—plus everything that makes for convenience and comfort. The classroom, offices, and library, as well as sewing, laundry, linen and storage rooms, complete the building. A roof garden is beckoning very invitingly but, until the weather permits, we view it from a distance only.

SISTER MARY FELICITAS
Director of Nurses

Organisms multiply rapidly if not arrested.

The thoracic duct controls all thoughts and sensations.

You mechanically remove food from microbes when you wash a rubber pillow-case.

Rectal temperature is most accurate because it is taken in a closed vessel.

When the arterial wall will not contract and expand as much as usual it causes tension.

Public Health Nursing

The Agency's Part in Planning a Student Program

KATHERINE M. WEATHERHEAD, B.S.

Average reading time — 7 min. 12 sec.

THE GREATER MONTREAL BRANCH of the Victorian Order of Nurses is one of 110 affiliating branches of the Victorian Order of Nurses for Canada. This branch is divided into five territorial districts. Each district has a supervisor, from 10 to 12 staff nurses, and a full-time clerical worker. We offer planned experience during May, June, and September to university students enrolled in public health nursing courses. This article is a report on the program which our agency has for public health nursing students.

One of the first steps in planning the program for the students is to determine, with the help of the district supervisors, the number of students to whom we are prepared to give this experience. As soon as the university faculty are able, they submit a list of the students preparing to come to the V. O. N. with a short account of their previous experience.

The Montreal branch asks that the student define in advance what she expects to get from her field experience. These objectives differ a great deal with the fall and spring groups. They differ, too, on the basis of previous professional preparation, experience, interests, and needs. At the end of two weeks, the objectives of each student are reviewed in relation to the experiences she has had and those which she still needs. This is done in conference and the discussion of a given objective brings to light many different experiences from the group. At this conference, the student is expected to tell the group some of her problems in planning, conducting, recording, and evaluating one home visit she has made. She may be asked to relate some experience in working with a member of staff to plan her day's work. She might tell the group of some knowledge she has gained in working with another community agency. At this time she is better able to understand how she can use her guide nurse and supervisor to advantage. We shall refer again to the use of the student's objectives when we mention the post-field experience conference.

The selection and preparation of staff nurses for guidance is carefully considered by our supervisory group. We aim to have an experienced nurse interpret public health nursing. She should have demonstrated her ability to work effectively and have a thorough knowledge of her district and the families in her area. We try to select a nurse who enjoys sharing her field visits with the student. After the selection of nurses for student work is made, the proposed program is presented. Following its approval, a copy of the program goes to the university.

A special conference is called for the field guide nurses in which we discuss the program for the students. We review the purpose of our conference, discuss our objectives for this field experience, and mention pitfalls we might avoid based on suggestions from supervisors, field guide nurses, students, and the educational director. It might be of interest to relate briefly the purpose outlined in our conference last August and some of the discussion that took place.

Miss Weatherhead is educational director with the Greater Montreal branch of the Victorian Order of Nurses.

We considered our previous field program for post-graduate students and discussed suggestions for changes which had been submitted. We agreed that the changes suggested were reasonable and would strengthen our student program.

We considered the importance of the staff nurses' contribution to the success of this experience—e.g., nurse attitudes and relationships within the agency, relationships with other community workers, and with families. These were considered part of the staff nurse's responsibility for interpretation. At this time a suggested bibliography was given to the field guide nurses. This was composed of the most recent articles on human relationships and the public health nurse in the community. Reference was made to a recent bibliography sent to each district office which might be of great assistance to the student in her field work. This bibliography was compiled with relation to types of illness with which we deal constantly. Included were recent articles on: cancer, arthritis, heart conditions, hemiplegia, diabetes, multiple sclerosis. Included also were articles relating to hospital referrals and home care.

We discussed some of our detailed objectives for student experience. Some of these were:

> Interpretation to the student during her experience of the functions of the V.O.N. and some of its principles and policies.
>
> Understanding of the need for cooperative thinking, planning, and doing by all groups interested in the community welfare.
>
> Practice in visiting nursing in order to adapt hospital experience to the home situation.
>
> Some appreciation of the use of statistical data, the changes in service according to the need in the district.
>
> Acquisition of some knowledge of people of the community in their own homes in order that she may have a better appreciation of their social and health needs.
>
> Development of some confidence in planning the day's work, bedside care of the sick in their homes, individual health teaching, recording, reporting, and referring.
>
> We feel that continuity of work with a few families developed greater understanding than short contacts with many.

We reminded ourselves that long after we had forgotten the details learned in our field experience, we remembered our relationships with our field guide nurse, something about her general philosophy and understanding. Student observation of how her guide nurse managed her district forms a lasting and influential impression.

The amount of class work is kept to the standard suggested by Violet Hodgson of three to five hours a week. The morning the students arrive, they are welcomed by the district superintendent, who speaks to them on the history of the V. O. N. and discusses the function of the National Organization as well as that of the local branch. Other classes given are:

> Those relating to bag and thermometer technique, home visiting, recording, setting of fees, inter-agency co-operation, and the importance of our part in the referral system for continuity of care; the prenatal visit; the post-natal and demonstration bath visit; body mechanics in nursing activities; and bed positions with the long-term illness patient.

The field guide nurse will review with the student all pertinent information that would have a direct bearing on planning the care of the family. It is important, too, upon the completion of a visit, for the student to have a conference with the supervisor to analyze and evaluate the visits and make tentative plans for the future. In order that she may become acquainted with her supervisor, guide nurse, and the staff in the district office to which she is assigned, the student goes to her district on the second morning with the agency.

The student has an experience sheet on which she keeps a cumulative record of her experience in the field with comments. This record is written up daily so that at the end of her experience she is able to write her

evaluation based on factual information. This experience sheet is the property of the university.

By her independent visits the student gains experience in entering homes and giving necessary service. She has an opportunity to test her ability, discover strengths and weaknesses, and is encouraged by her field guide nurse to ask for further observation and assistance when she needs help. By the end of the third week the student, with no previous experience in district nursing, is developing a certain amount of independence and self-reliance. She discovers health and social needs through direct contact with patients and families and observes the experienced nurse's skill in helping families to meet these needs.

Planned observation visits are arranged periodically with the student during the month by both the guide nurse and supervisor.

Although our larger staff conferences are held only four times a year, our regular in-service program overlaps a little to provide this type of observation for all our university students. Some of our districts commence this program in September and carry through until April. Others commence in October and carry through until May. Students are instructed in the way in which we plan our staff education program. Each district suggests in the late spring the areas of interest for an in-service program in the fall. Early in the fall this is followed through so that each district is organized and is prepared to study along the lines of greatest need for help in their particular district. We hope the student acquires some appreciation of the direct relation of education to service by this observation.

Before the student's last day with us she selects one or two of the objectives submitted prior to her field experience. She is given time for preparation and is asked to think about the families with whom she has been working during the past month. She comes to the conference, on her last day with the agency, prepared to give the group a concrete example of how she was able to meet the objectives selected. This very often requires help from her guide nurse and supervisor.

The staff member from the university, responsible for field experience, sits in at this post-field work conference. The student is encouraged to offer any suggestions which might make field experience more helpful for others.

We keep an open mind for a constantly changing program based on suggestions from those concerned. We hope that the time spent in student experience with the Montreal branch of the Victorian Order of Nurses will stand her in good stead as she begins her new work in public health nursing.

Ambulance Duty

(*continued from page 286*)

medical treatment. Very often patients are embarked who are going north for specialized medical care not available on the islands. A quietly poised, sympathetic, and understanding nurse can do much to reassure the patient and give him a feeling of confidence in the hospital. The ambulance nurse, therefore, should think well of the responsibility she bears, to both patient and hospital, for it is through her the patient is afforded the first opportunity of judging those who are to be responsible for his care.

The nurse's office, as Lord Moynihan, the famous surgeon, once said, is "to be ready in all emergencies, quick and competent for action, courteous in speech, considerate in thought and a comfort in hours of sorrow." How important are these qualities on ambulance duty, as you climb in beside the driver to his familiar words of "Come on—let's go!"

Aux Infirmières Canadiennes-Françaises

L'Infirmière en Service Industriel

EVELYNE GAUVIN

Average reading time — 10 min. 24 sec.

"IL FAUT ÊTRE DE SON TEMPS." Peu importe qui l'a dit, mais l'infirmière en industrie est peut-être une des mieux placées pour constater à tous les jours la vérité de cette maxime. Or, la pensée moderne et actuelle sur le rôle qu'elle a à jouer implique que c'est affaire du passé, une salle d'urgence pour les seuls blessés de l'entreprise où elle exerce ses fonctions; ou encore une organisation insuffisante que la clinique pour les malades seulement; banale salle de repos aussi, que celle où l'on accueille sans discernement flâneurs ou fatigués, anxieux ou amusards.

On aura vite compris que l'infirmière est devenue agent de santé, non seulement *garde-malade mais garde-santé*, en prévenant ce rôle-là par celui-ci. Chez un personnel d'ordinaire bien portant, parce qu'embauché après un examen médical satisfaisant, elle aura donc un rôle de prévention contre la maladie. De concert avec le médecin, s'il y en a un attaché au service et l'ingénieur sanitaire dans plusieurs endroits également, elle travaille donc au maintien de la santé des employés, facteur des plus importants en industrie où elle a valeur de rendement.

L'infirmière s'emploie ingénieusement par des affiches, la distribution de tracts concernant l'hygiène, par les entretiens qu'elle ménage aux employés, aux chefs de personnel, à la direction, à promouvoir un esprit sanitaire général et particulier. Guide précieux encore, elle enseigne à se prévaloir des services sociaux dont sont dotés la compagnie, la ville, et la province où elle exerce. Car il ne faut pas que l'infirmière soit si absorbée par le nursing, qu'elle néglige pour autant les points de vue diététique, dentaire, puériculture, mental, pour n'en mentionner que quelques-uns.

Sur son terrain particulier, l'infirmière industrielle a peut-être plus de latitude que dans tout autre service du nursing. Mais en cela, et peut-être à cause de cela, elle se pique parfois d'une certaine indépendance et vit en marge des autres groupements de sa profession. Si elle se considérait plutôt comme un agent de relations extérieures entre celle-ci et le public qu'elle sert, elle y trouverait vite son compte, en interprétant l'idéal, l'enseignement, et les oeuvres à l'occasion, se tenant ainsi du même coup à la page.

En apprenant naguère à soigner les malades, l'infirmière a-t-elle été convaincue que l'étude de la santé avait aussi sa valeur intrinsèque? En connaissant cette santé et en la considérant comme un bien très précieux, on se sent disposé à la servir. En ce domaine, les moyens n'ont-ils pas trop souvent été laissés à la disposition des profanes? A l'infirmière industrielle revient en grande partie la tâche d'aller de l'avant en posant les jalons qui servent à charpenter le programme de santé dans une compagnie. Elle donne là son premier effort. Les traitements et les soins d'urgence deviennent ensuite des compléments du service de santé proprement dit. L'enseignement, combiné avec les soins donnés à domicile, offre encore dans certains milieux l'occasion d'un emploi économique du temps à qui est préposée à la garde de la santé des

Mlle Gauvin est infirmière à la Cie des Tramways de Montréal.

employés. Dans toutes les phases de ce travail, l'oeuvre éducatrice qu'elle fait tend à le réduire pour une autre fois. Par exemple: L'épouse à laquelle on aura enseigné à donner les soins nécessaires à son mari malade saura se débrouiller désormais et voilà autant de gagné pour le service.

Si l'infirmière a les connaissances nécessaires, un jugement sain, une stabilité personnelle, un accueil bienveillant, elle aura du succès, par exemple, dans les relations patronales en faisant bénéficier bien discrètement de son point de vue. Dans ses relations avec les patients, elle *donne* et elle *reçoit*. Elle donne un traitement, un renseignement et, durant ce temps, elle reçoit des confidences, les informations les plus variées sur le ski, la lecture, le jardinage, la couture, la construction, les voyages et que sais-je... Pour profiter de tout cela, elle doit faire preuve d'intérêt, d'un sens de l'humeur, de psychologie, d'instruction suffisante, de bonté réelle pour se faire toute à tous et sentir un courant de confiance générale qui s'établisse. Les fils conducteurs à tout ce qui précède:

1. Le centre de santé accessible à tous.
2. Les soins d'urgence.
3. La collaboration avec le service de sûreté.
4. Les bonnes relations avec le département du personnel, du cafétéria ou de la cantine, et avec les chefs de départements.
5. L'usage opportun des services sociaux extérieurs.
6. L'assistance dans l'élaboration des loisirs en groupe.

En septembre dernier, à Queen's, se tenait un institut durant trois jours. Avec les infirmières de 70 industries, je recueillais à cette université centenaire, les données actuelle de professeurs très compétents en médecine, en nursing, et en relations industrielles. Nos cours portaient sur le santé, la famille, les travailleurs, l'art de conseiller, les médicaments nouveaux, et les techniques récentes pour pansements. L'impression m'est bien restée que "l'infirmière, pouvant prévenir la maladie, rend un plus grand service à son pays que celle qui peut seulement la guérir."

Ces renouveaux, que sont les instituts, les cours de revue, et les conférences traitant du nursing industriel, sont des plus utiles et appréciées. Ils aident entre autres avantages à consacrer officiellement le nursing industriel en fonction de l'hygiène publique, en s'imposant à l'attention des compagnies.

Nous avons pensé qu'une petite bibliographie à la suite de cet article serait propre à inspirer celles qui ont le temps d'approfondir les notions déjà acquises. Elle est en quelque sorte le complément obligé de l'exposé que nous venons de faire. Nous regrettons de n'en pouvoir mentionner une française, le sujet, à part de rares articles, n'ayant pas encore tenté la plume de nos hygiénistes. Voilà de quoi aiguiser notre appétit. Qui commencera?

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There is no magic in words—the magic lies only in action.—PAUL HOFFMAN

Nursing Profiles

Olive Frances Griffith has joined the faculty of the University of Toronto School of Nursing as a lecturer, with the special function of coordinating the teaching of psychiatric nursing. A graduate in 1933 from King's College Hospital, London, Eng., Miss Griffith completed her specialization in mental nursing at the Maudsley Hospital, London, in 1936 and became administrative sister at Claybury Hospital. A recipient of a Florence Nightingale International Foundation award from the National Council of Nurses of Great Britain, Miss Griffith secured her certificate in hospital administration and nursing education and her diploma in mental nursing from London University in 1938.

From 1942 to 1945, Miss Griffith was first assistant matron at the Mill Hill Emergency Hospital for the treatment of war neuroses. She went with UNRRA to Greece in 1946 as psychiatric nursing consultant. On her return to England she was appointed an inspector of training schools under the General Nursing Council of England and Wales. With her wide experience, her direct mind, her ability for critical consideration and immediate grasp of detail, Miss Griffith will have a valuable contribution to make to the progress of mental nursing and teaching.

OLIVE GRIFFITH

Since she was a small child, **Helen Ruth Durrant** has had the desire to go to the mission field. Born on a farm near Mitchell, Ont., she graduated in 1943 from the Stratford General Hospital. After doing some private nursing she spent three months as a general duty nurse at Norfolk General Hospital, Simcoe, Ont., before joining the R.C.A.F. on May 2, 1945. After discharge from the service she took the operating-room technique and management course at St. Michael's Hospital, Toronto. She spent three years at Toronto Bible College before starting off for Brazil as a nurse missionary under the Evangelical Union of South America. There her nursing knowledge will be used as a means of approach to the spiritual welfare of the people in northern interior Brazil. She sailed in February. The first year will be spent in language study, after which she hopes to be able to start a dispensary.

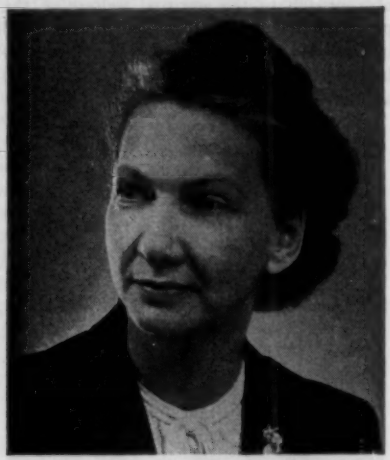
HELEN DURRANT

Olive Waterman has come out of retirement to assume the duties of director of nursing at the Greater Niagara General Hospital, Niagara Falls, Ont. A graduate from Peterborough Civic Hospital, Miss Waterman has had considerable experience in both administration and teaching in Ontario, including an instructorship in St. Thomas, superintendent of Lady Minto Hospital, Cochrane, of the Soldiers' Memorial Hospital, Orillia, and more recently superintendent of nurses at the McKellar Hospital in Fort William.

History and biography form Miss Waterman's favorite reading material. She is fond

of good music and drama. She loves the out-of-doors. She was a charter member of the Soroptimist Club of Fort William and Port Arthur.

Rae Chittick has been awarded one of two scholarships from the Canadian School Health Research Association for a year's study at Harvard. She plans to undertake this work next fall. Miss Chittick has been assistant professor in the Faculty of Education, University of Alberta, Calgary, for many years. We rejoice in this recognition of the splendid contribution Miss Chittick has made to public health.



Falliday

RAE CHITTICK

Sister St. Joseph, who has made a signal success of her work as superior of the Hotel Dieu in Bathurst, N.B., since her appointment there, has been transferred to administer the new hospital of her order at Sorel, Que. A native of Gascons, Que., Sister St. Joseph entered the congregation in 1922 and received her training at Hotel Dieu, Campbellton. After serving there for ten years, she spent the next decade at the Vallée Lourdes Sanatorium in New Brunswick. She was appointed to organize the Bathurst Hospital in 1942. Along with all her other work, Sister St. Joseph has found time to take special training in dietetics. She also earned her B.Sc. in nursing from Sacred Heart University and a diploma in hospital administration from the Catholic Hospital Association. **Sister LaPlante,** former superintendent of the nursing school and head of the maternity floor, was appointed to succeed her as superior at Hotel Dieu, Bathurst.

ALENA MACMASTER

Alena J. MacMaster has been appointed superintendent of nurses at the Soldiers' Memorial Hospital, Campbellton, N.B. Since she resigned in 1947 from the Moncton Hospital, where she had been superintendent for 28 years, Miss MacMaster has been working in the United States where she had earlier spent many years in professional posts. She is a charter fellow of the American College of Hospital Administrators.

Portrait is Unveiled

Tuesday evening, February 21, 1950, was a happy occasion for the Alumnae Association of the School of Nursing of the University of Toronto, when they presented to the University an Archibald Barnes portrait of Miss Kathleen Russell, who has been director of the school for nearly 30 years.

The ceremony took place in the flower-

decked Common Rooms of the school at 7 Queen's Park and, despite a blizzard, a large group of Alumnae members and guests assembled to honor Miss Russell. Receiving the guests with Miss Edith Dick, Alumnae president, and Miss Russell, were Mrs. Sydney Smith and Mrs. J. S. D. Tory.

Dr. Sydney Smith, president of the University, presided and his opening words are worthy of repetition: "Miss Russell is an illustrious and outstanding member of the University staff. She is renowned at home and proclaimed abroad and is a brilliant exception to the statement that a prophet is not without honor save in his own country. The genius of educational structure is found in the calibre of its staff. Miss Russell has demonstrated to a unique degree a capacity for high talent, vision and energy, and she has laid those talents at the feet of those she has served.

"It is significant that Miss Russell is still in office. There are not many direct rewards of teaching but there are commensurate rewards—the high regard, esteem, and affection of the student. The tenth commandment forbids us to covet but it is not wrong for a teacher to covet the regard and esteem of the student. Miss Russell has never sought this honor and esteem but they have always been cordially extended to her. She has been a gifted expositor, a guide and a friend, and has always displayed qualities of vision and devotion. She is a scholar and a lady."

Miss Dick warmly welcomed the guests and expressed the delight and satisfaction of the Alumnae in having accomplished this project. Greetings were read from graduates from Venezuela, Belgium, and New Zealand as well as from our own country. Miss Dick spoke of our indebtedness to Miss Russell for her distinguished service as director of the school. It has grown steadily so that now there are six courses offered, including a basic undergraduate course leading to the degree of Bachelor of Science of Nursing. There are now over 2,000 graduates of the school who are actively engaged in nursing in 50 countries. Research has accompanied each phase of development and is carried on continuously. The guiding philosophy of the school has been and is the blending of the study of the humanities with a broad professional education.

Again and again Miss Russell has received outstanding recognition and brought signal honor to the school. It was with pride that

Photo by The Telegram, Toronto

Miss Russell and her portrait

Miss Dick referred to this great prestige. Dr. Raymond Fosdick, the former president of the Rockefeller Foundation, in his report of 1947, referred to the School of Nursing in these words: "Kathleen Russell's leadership, scholarly ability, and insight into the community's nursing needs have produced an outstanding research program and Toronto is one of the peaks of nursing training in the world."

Another representative of the Rockefeller Foundation, Dr. L. W. Hackett, the director of the International Health Division in South America, suggested that Miss Russell's influence goes beyond the scope of the nursing world. When speaking in Toronto a short time ago he said, "You would be surprised to know how the influence of this school and of Miss Russell, its director, has spread throughout South America. One of our basic programs in South America is the improvement of the education of nurses and a majority of the Latin-American girls, chosen to study abroad on our fellowships, have been sent to Toronto."

The Alumnae Association was happy to have Miss Florence Emory, honorary vice-president, unveil the portrait. Miss Emory expressed the hope that Miss Russell's sure hand would continue to guide the destiny of the school for many years to come.

In receiving the portrait, Miss Russell

expressed her deep appreciation and thanks to the Alumnae Association for their unfailing loyalty and kindness through the years. It was significant, she said, that the first Alumnae president, Mrs. H. J. Cody, and all her successors were present at the ceremony.

Mr. J. S. D. Tory accepted the portrait on behalf of the Board of Governors and, in so doing, expressed the pleasure of the University in having the portrait as a memorial "to a lifetime of service given to the University, to this country, and to the world." Mr. Tory paid tribute to Miss Russell's persistence in always urging what she thinks best for the school.

Following the ceremony a social hour was spent and refreshments were served. Among the guests was the artist, Mr. Archibald Barnes.

In Memoriam

Ella May Chalue, who graduated with the class of 1902 from St. Michael's Hospital, Toronto, died at her home in Penetanguishene, Ont., on October 4, 1949. Miss Chalue had been in ailing health for some time.

* * *

Elva (Stevens) Ellis, who graduated from St. Paul's Hospital, Vancouver, in 1917, died in Chicago.

* * *

Ellen Gerard, who graduated from Grace Hospital, Detroit, in 1900, died in Windsor, Ont., on February 7, 1950, following a brief illness. She had engaged in private nursing until World War I broke out when she enlisted with the C.A.M.C. She served in France and Salonika until she was invalided out of service in 1916. Following her return home she was on the staff of Christie St. Hospital, Toronto, for some time before becoming a school nurse in Windsor.

* * *

Mary Gleason, an early graduate of the General Hospital, Sault Ste. Marie, Ont., died on January 24, 1950. Miss Gleason was night supervisor at the Niagara Falls General Hospital for many years before becoming industrial nurse with the Kimberley Clarke Co. of Niagara Falls. Last October she was feted as a tribute to her 25 years' service with that firm.

* * *

Laura Sime, who graduated from the Toronto General Hospital in 1922, died in Saint John, N.B., on October 7, 1949.

* * *

Jean (Aikenhead) Sinclair, a graduate of the Misericordia Hospital, Winnipeg, died in Winnipeg on January 16, 1950.

* * *

Lily Smiley, a graduate of the Montreal Woman's Hospital in 1902, died at her home in Warden, Que., on August 5, 1949. Miss Smiley had been retired and in failing health for some time.

* * *

Leola Watson, who graduated from the Vancouver General Hospital in 1930, died at her home in Lethbridge, Alta., on January 31, 1950, after an illness of only two weeks. Since 1937, Miss Watson had been with a medical firm in Lethbridge.

Regarding our Official Directory

Four times a year—March, June, September, and December—the officers, etc., of many associations are listed in our Official Directory. Please check your list as it appeared in March and let us have any corrections before *May 1* in preparation for the June issue.

Trends in Nursing

Average reading time — 6 min. 48 sec.

General Secretary Reports on Newfoundland

FOLLOWING AN INVITATION extended by the Newfoundland Graduate Nurses' Association to visit Newfoundland and to discuss their nursing organization with a view to making recommendations which could be considered in future plans, the general secretary of the C. N. A. left by plane for St. John's on February 1. From the time of her arrival until her departure 12 days later she was occupied in meeting various people concerned with the health, welfare, and education of the people of Newfoundland, and in studying the nursing situation in relation to their needs.

Despite the fact that since Confederation there has been an almost continuous flow of visitors—official and otherwise—the directors of health and hospital services greet each newcomer with a friendly enthusiasm and kindness, and courtesy is extended by everyone. Apart from numerous official interviews and conferences arranged on her behalf by the Deputy Minister of Health and the officers of the Newfoundland Graduate Nurses' Association, the general secretary was privileged to visit some of the outpost cottage hospitals and to study at first-hand the fine work being done by the medical and nursing staffs in these centres. Dr. James McGrath, assistant director of Medical Services, Newfoundland Department of Health, neatly described the situation as follows:

> Health services in Newfoundland have their own peculiar problems, not the least of which is geography. There are more than 1,500 settlements scattered over a coast-line so long and indented that it has never been accurately estimated but which the more conservative assessments consider to be 6,000 miles in length. Distance, isolation, and thinness of population, together with lack of transportation facilities, all contribute to the difficulties of getting service to the individual in time of need.

In spite of this, a surprisingly large proportion of the population is within easy reach of acceptable emergency and hospital service, but in many areas domiciliary medical service is available only with great difficulty. There are some 14 districts outside the capital, organized on a contributory fee basis and centred on cottage hospitals. It is proposed to extend this service to other districts in the near future. There are 52 part-time medical health officers and 25 full-time district nurses. There are: (a) 19 nursing districts; (b) 5 nursing stations; (c) 14 cottage hospitals; (d) the St. John's Unit.

The contributory cottage hospital scheme is the backbone of the medical service to the outlying population. The head of each household pays an annual fee of $10. For this he and all dependent members of his family receive all necessary medical services, including hospitalization. If there are other adults in the family earning independent incomes, they pay a personal fee of $5.00 per year. If a patient has a serious condition beyond the scope of the cottage hospital facilities, he will be admitted to a larger hospital in St. John's without charge, and patients have been sent as far as Montreal for brain surgery under this scheme.

Visitors cannot help but be impressed by the development of the health program in Newfoundland. The officials of the Department of Health are meeting courageously what might well be described as a herculean task in providing services, preventive and curative, to a population so widely dispersed and in a country which, due to seasonal and transportation difficulties, is frequently inaccessible.

It was gratifying indeed to the

general secretary to address such large groups of nurses, both in St. John's and Corner Brook, and to find such enthusiastic response to the suggestions put forth for the change of nursing organization which will be necessary in order to become a provincial registered nurses' association.

It is confidently expected that the nurses of Newfoundland will very soon be prepared to affiliate with and to share in the work of the Canadian Nurses' Association. Meantime, it is hoped that many of their members will find the ways and means to attend and participate at the biennial convention in June.

Have You Heard?

We wish you could have been a fly on our shoulder and could have listened in with us when we represented the Canadian Nurses' Association at a most interesting meeting on Adult Education, when the Joint Planning Commission of the Canadian Association of Adult Education convened in Montreal. The member organizations now number 86, 65 of which are distinctly national in character, with the remaining 21 belonging to the university or adult education field.

The feature of this meeting seems of especial interest to nurses at this time, preparing as they are for the ten work conferences to be held at our coming biennial in June. The highlight of the meeting was the subject—Implications of Group Dynamics for Adult Education—which was discussed by Dr. Leland Bradford, director of the Adult Education Division of the National Education Association in Washington, and also director of the National Training Laboratory in Group Development held each summer at Bethel.

Dr. Bradford explained what is meant by *Group Dynamics*—that it is primarily an area of study, inquiry, and research in the process of which groups work, discuss, reach a decision, plan action, and carry it into effect. In any human situation the action which occurs is determined by a set of forces—many or few—which are present in the field of the moment and these forces are themselves in the process of change.

One of the forces most effective in the group is the leader and the effect of her leadership. It is the leader's responsibility to see that the group develops in democratic thought and action. This is done by giving suggestions to the group rather than making decisions, and by helping the group to take responsibility for themselves, instead of assuming responsibility for the group. In point of fact, the more a leader has to give, the more imperative it is that she should be freed as leader and become part of the group.

Other effective forces in the group are the "observer" and "recorder." The observer points up the weaknesses, and her attitude to the group must be such that it does not give rise to conflicts between herself and members of the group or between one member and another. Much depends upon her sensitivity to what happens in the group and her methods of reporting the "how" and "why" of success or failure in reaching a decision.

From the recorder or secretary can be found those areas where improvements can be made by experimenting and evaluating results in a scientific way. Observation scales have proved to be of value.

In the final analysis, the most effective force in the group is each individual member, the human relations within the group, the words that are spoken and the thoughts that remain unsaid—all color the final decision. The group acts out its program and analyzes itself as it goes along, that it may grow in efficiency and achieve greater productivity, for the growth of a group lies in itself.

At least a day for leadership training is advised, as well as training for observers and recorders, before any series of conferences or committee meetings. Knowing the value of this, the Canadian Nurses' Association has planned for such a day, previous to the conferences to be held at the biennial.

A full day will be devoted to the instruction of leaders, observers, and recorders or secretaries.

Important Pamphlets

Two interesting pamphlets have recently reached our desk. The one entitled "The United Nations and Adult Education" which briefly outlines what we, the run-of-the-mill people, must do in order that the United Nations can achieve its purposes, discusses adult education and how adult groups may learn about the United Nations. It lists source material in the form of publications, charts, films, filmstrips, radio, and contains other valuable information. *Price in U.S.A., 15 cts.—Sales No. 1949-1-18.* The other, entitled "Our Rights as Human Beings," is a discussion guide on the Universal Declaration of Human Rights. How many nursing groups have discussed the Declaration of Human Rights? If nurses are not discussing this Declaration is it due to lack of interest, to inertia, to ignorance? If you are forming a discussion group, this pamphlet would be extremely helpful. *Price 10 cts.—Sales No. 1949-1-21.* Both pamphlets are United Nations publications and may be purchased through *United Nations Sales Agent, The Ryerson Press, 299 Queen St. W., Toronto 2B.*

Orientation et Tendances en Nursing

Visite de la Secrétaire Nationale à Terreneuve

En réponse à une invitation faite par l'Association des Infirmières Graduées de Terreneuve, Gertrude M. Hall, la secrétaire nationale, leur rendit visite dans le but de connaître cette association et faire des recommandations pour l'admission de cette province dans la fédération nationale de l'Association des Infirmières du Canada.

Avant son départ, Mlle Hall fit une étude approfondie de la situation à Terreneuve. Après avoir conféré avec diverses personnes et avoir lu de nombreux rapports et volumes, Mlle Hall était familière avec les conditions de santé, de bien-être, et d'éducation à Terreneuve. Depuis l'entrée de Terreneuve dans la Confédération, le flot des visiteurs a été ininterrompu, visites officielles et autres; néanmoins les nouveaux venus sont encore accueillis avec bonté et courtoisie par tous.

Après plusieurs entrevues arrangées par le Sous-Ministre de la Santé et le Comité de Régie de l'Association des Infirmières Graduées de Terreneuve, la secrétaire fut invitée à visiter les hôpitaux d'avant-poste et put étudier le bon travail accompli par les médecins et les infirmières dans ces endroits isolés.

Le Dr James McGrath, assistant-directeur des services médicaux, décrit ainsi la situation à Terreneuve: "Les services de santé à Terreneuve présentent des problèmes particuliers—l'un des plus importants est de nature géographique. Il y a plus de 1,500 établissements éparpillés sur une longueur de côte que personne encore n'a pu déterminer d'une façon précise, mais que les plus conservateurs estiment de 6,000 milles de longueur. Il est difficile de donner des soins à une personne lorsqu'elle en a besoin à cause de la distance." Malgré tout, il est surprenant de constater qu'une grande partie de la population peut avoir accès assez facilement aux hôpitaux et recevoir des services en cas d'urgence, mais par contre dans certaines régions il est extrêmement difficile d'obtenir des soins en maladie.

En dehors de la capitale, il y a 14 hôpitaux ruraux contenant environ de 15 à 50 lits (cottage hospital). Les infirmières visiteuses ont mission de donner des soins et d'enseigner la santé dans les cinq avant-postes. Vingt-cinq infirmières, attachées à des districts, correspondent un peu à nos unités sanitaires dans une région beaucoup plus isolée toutefois et 52 officiers médicaux sont employés à temps partiel.

Une forme d'assurance en maladie volontaire est payée aux hôpitaux ruraux par 14 districts. Le chef de famille paie $10 par année. Pour cette somme lui et les membres

de sa famille sont assurés de recevoir les soins médicaux et l'hospitalisation. Si un membre adulte de la famille gagne un salaire, il paye en plus $5.00 par année. Si le malade, à cause de son état, a besoin d'être admis dans un plus grand hôpital, il est hospitalisé à St-Jean, sans frais additionnels. Il y a même des malades qui ont été envoyés à Montréal pour des opérations sur le cerveau.

Tous les visiteurs sont impressionnés par le développement des services de santé à Terreneuve. Le Ministère de la Santé se met courageusement à cette tâche herculéenne qui l'attend, étendre la médecine préventive et curative à toute une population clairsemée sur une si vaste étendue, dans un pays où les saisons et le transport difficile rendent souvent les voyages impraticables.

C'est avec une grande satisfaction que notre secrétaire adressa la parole aux infirmières réunies à St-Jean et à Corner Brook. L'on répondit avec enthousiasme aux suggestions faites, aux changements nécessaires à apporter à l'association actuelle.

Nous pouvons déjà dire que l'Association des Infirmières Graduées de Terreneuve sera bientôt prête à être affiliée à l'Association des Infirmières du Canada et nous espérons que plusieurs de leurs membres pourront assister au congrès biennal en juin prochain.

Etes-Vous au Courant?

A la séance conjointe de l'Association d'Education des Adultes (section anglaise) et de l'A.I.C., le Dr Leland Bradford discuta du "Dynamisme de Groupe"—il expliqua ce que l'on entendait par ce terme. C'est une étude sur un sujet déterminé, enquête, recherche par un groupe. A la suite de discussion, un plan d'action est déterminé et mis en pratique. Toute action chez les humains est la manifestation d'une énergie présente au moment de l'action et se transformant.

Dans un groupe, l'énergie la plus efficace est celle du chef de groupe et elle se manifeste dans sa conduite du groupe. Le chef du groupe doit se rendre compte d'une façon démocratique si chacun des membres du groupe développe sa pensée et son plan d'action. Pour arriver à cette fin, le chef de groupe fera des suggestions plutôt que de prendre des décisions. Il aidera le groupe à assumer ses responsabilités. Un chef de groupe qui a beaucoup à donner doit plutôt participer aux discussions du groupe que de les diriger.

Une autre source d'énergie est l'observateur et le secrétaire du groupe. L'observateur fait remarquer les points faibles. Son attitude envers le groupe ne doit pas déterminer de frictions entre elle et le groupe, ni entre un membre et un autre du groupe.

En lisant le rapport de la secrétaire, plusieurs améliorations peuvent être faites et l'on peut évaluer les résultats obtenus. En dernier lieu, la source d'énergie la plus importante est chaque personne formant le groupe—les idées que l'on a exprimées et celles que l'on n'a pas osées dire auront un effet sur la décision finale. Le groupe, tout en poursuivant le travail qu'il s'est assigné, s'analyse durant ce temps et chaque membre devient plus efficace, promet de donner un meilleur rendement, et se développe individuellement à mesure que le groupe avance.

Lors du congrès biennal, l'A.I.C. se propose de conduire les foyers d'étude selon les directives données par le Dr Langford. Une journée d'étude, à laquelle tous les chefs de groupes seront conviés, sera donnée afin d'initier les chefs à leurs devoirs envers les groupes.

Une Publication Importante

Un intéressant opuscule vient d'être publié, intitulé "Les Nations Unies et l'Education des Adultes," dans lequel l'on montre ce que l'homme ordinaire, l'homme moyen, peut faire pour que les Nations Unies puissent atteindre le but qu'elles se sont proposé et comment, par l'éducation des adultes, l'on peut renseigner des groupes sur les Nations Unies. Une liste des publications, des films, des films éclairs, et des programmes radiophoniques constitue une source d'information très utile. Ecrivez à: *United Nations Sales Agent, The Ryerson Press, 299 Queen St. W., Toronto 2B, Ont.*

50th Anniversary Dinner

Attention! Calling all Graduates of ***Civic and former Nicholls Hospital, Peterborough, Ont.*** The 50th Anniversary Dinner will be held on *May 5* at the Empress Hotel. For reservations notify *Jean Gillespie, 275 Thomas St., Peterborough.*

At last the cold and snow of winter and the harsh March winds are gone and we are in the middle of April—that lovely month with its soft murmurings of growing things and promise of summer days. What better way to renew our spiritual and physical vigor than by attending the biennial meeting, viewing new scenes, renewing old friendships and, mayhap, parting with a few old prejudices?

General Interest Sessions

Would you like to see and hear about something which is close to the heart of every nurse—yes? We mean just plain nursing, the kind of nursing care being given to patients today on the medical and surgical wards in our general hospitals; the eye, ear, nose and throat department; the obstetrical and gynecological departments; the children's ward; the communicable disease and tuberculosis divisions; the neurological wing; the paraplegic ward; the psychiatric section.

We thought you would. We have yet to meet a nurse who does not become keenly interested, either in telling or hearing about new methods of procedures or new treatments for patients. For this very reason the Program Committee for the biennial meeting has asked the chairman of the Institutional, Private Duty, and Public Health Nursing Committees to work together in the preparation of demonstrations in each of the specialties. This part of the program is known as "General Interest Sessions." These sessions are scheduled for the afternoons of Tuesday, June 27, through to Thursday, June 29, from 2:00-5:00 p.m. and for Tuesday evening, June 27, from 7:00-8:00 p.m. One or more large rooms will be used for the purpose and will be curtained off, so that each specialty will have its own "special" spot. Skilled nurses will carry out the demonstrations and explain the use of special or new equipment, and we have just learned that the Neurological Institute in Montreal has planned for a nurse and doctor to collaborate in the demonstrations of their procedures.

The demonstrations and exhibits connected with public health and visiting nurses promise to be extremely interesting and valuable. From this variety it should be possible to satisfy the needs and desires of every member attending the convention. At least that is our objective. Plan now to include the biennial convention of the Canadian Nurses' Association on your calendar for June, 1950.

Work Conferences

We have something more to say about Work Conferences. The following outlines will enable you to become increasingly aware of the variety of the program and of the opportunities afforded to work with specialists in each particular area.

Job Analysis of Nursing Services

Consultants: **Mr. B. H. Peterson,** personnel director, City of Vancouver, B.C.; **Mr. K. R. Martin,** personnel consultant, Hospital Insurance Service, Victoria, B.C.; **Trenna Hunter,** director of Public Health Nursing, Vancouver, B.C.; **Elva Honey,** area nursing consultant, Treatment Services, D.V.A., Montreal.

General aim: To analyze the work of the professional nurse and of auxiliary personnel in order to determine the nature of the services that should be rendered by each group.

Work conference purposes:

1. To discuss the major purposes of job evaluation.
2. To discover why there is a need to analyze the various jobs in nursing.
3. To consider methods used in evaluating the work of nursing personnel.
4. To consider how analysis and evaluation will clarify functions.

Sub-topics:

1. Job description.
2. Evaluation of work.
3. Evaluation of performance.
4. Determination of salary rates.

Methods of Evaluating Student Progress

Consultants: **Helen Penhale,** professor and director of the school, University of Alberta Hospital; **Sister Jeanne Forest,** instructor in Nursing Education, Institut Marguerite d'Youville; **Frances McQuarrie,** supervisor of instruction, University of Alberta School of Nursing.

General objectives: To afford an opportunity for group participation in the study of methods of appraising the nurse's growth in ability to give a high quality of nursing care and the development of personal qualities which are characteristic of an effective nurse.

Work conference purposes:

1. To discuss why students' progress is evaluated.
2. To consider ways and means of learning how effective we are as teachers.
3. To consider how we may learn whether students are growing in knowledge and skill.
4. To discuss ways and means of learning whether students are developing desirable attitudes, interests, ideals, and appreciations.

Overview: Through better means of evaluating student achievement will come an improvement in the education and hence the graduation of better nurses.

The student's progress must be thought of in terms of her ability to acquire functional knowledge, habits of conduct and useful skills, the development of attitudes, interests, ideals, and appreciations.

An appropriate plan for evaluating student progress seems to be to present evaluation in the three major fields—the basic sciences, nursing arts, and in the clinical areas. To be effective the educational program will have brought about certain desired changes in the behavior of the student. These behaviors include particularly attitudes and interests. Since all nurses are concerned with the development of these outcomes, a general conference will be conducted on the development and appraisal of desirable personality characteristics, interests, attitudes, and ideals.

Sub-topics:

1. Evaluation of student's progress in the basic sciences.

The basic sciences are included to give a background of factual information upon which to build good nursing care. They develop within the student the ability to observe, state facts, and draw conclusions, as well as to distinguish scientific information from that of superstition and quackery. How are we as instructors to appraise the effectiveness of our teaching and the students' learning in the development of these outcomes?

2. Evaluation of student's progress in the nursing arts.

The desired outcomes in nursing arts include the student's grasp of essential knowledge, her ability to give satisfactory nursing care, her understanding of health and hygiene principles and, above all, the soundness of her learning in relation to the welfare of her patients. Who is in the best position to evaluate students' progress in skill? How can this person do this adequately?

3. Evaluation of student's progress in the clinical services.

In the clinical areas, the student has an opportunity to apply the knowledge and principles she has gained from the biological, physical and social sciences, and from nursing and the allied arts. Does her nursing performance indicate an application of the knowledge gained in the above courses and an ability to adjust to new and changing situations?

The Nursing Team

Consultants: **Lorna Horwood,** assistant professor of nursing, University of British Columbia; **Miss J.**

F. Ferguson, registrar-consultant, School of Nursing Aides, Calgary; **Esther Robertson,** western supervisor, Victorian Order of Nurses; **Marjorie Russell,** director of nursing, Phillips Training School, Montreal; **Mrs. L. H. Fisher,** director, Montreal School for Nursing Aides.

General objective: To acquaint nurses in hospital and other community health fields with the current trends towards team-work in nursing in order to develop interest that may stimulate a desire for wider knowledge and understanding, promote the application of the principles of team-work in the practical situation, and lead to experimentation in the various fields of nursing.

Work conference purposes:

To provide opportunity for a study of the services rendered the patient by many groups of workers whether in home or hospital and how to use these services in the best interest of the patient, the institution, and the worker.

Sub-topics:

1. The need of a variety of workers to serve the patient and how to organize these workers into nursing teams.
2. A study of the functions of (a) the professional nurse and (b) the auxiliary worker.
3. Consideration of methods that will help nurses to function as teachers and team leaders in hospitals.
4. Team-work between hospitals and other community agencies.

Nomination Ticket, 1950-52

The following is the Nomination Ticket, 1950-52, for the officers, chairmen, regional representatives of the nursing sisterhoods, and Nominating Committee of the Canadian Nurses' Association. The names are listed in alphabetical order, where multiple nominations occur. The present position of each nominee is indicated:

President: Miss Eileen C. Flanagan, nursing supervisor, Neurological Institute, Montreal, Que.; Miss Helen G. McArthur, national director of nursing services, Canadian Red Cross Society, Toronto, Ont.

First Vice-President: Miss E. A. Electa MacLennan, director, Dalhousie University School of Nursing, Halifax, N.S.; Miss Gladys Sharpe, director of nursing, Western Hospital, Toronto, Ont.

Second Vice-President: Miss Trenna G. Hunter, director of nursing, Metropolitan Health Committee, Vancouver, B.C.; Miss M. Christine Livingston, chief superintendent, Victorian Order of Nurses, Ottawa, Ont.

Third Vice-President: Miss Katharine MacLennan, superintendent of nurses, Provincial Sanatorium, Charlottetown, P.E.I.; Miss Bertha Pullen, director of nursing, General Hospital, Winnipeg, Man.

Chairman, Institutional Nursing Committee: Miss Muriel Graham, director of nursing education, Children's Hospital, Halifax, N.S.; Miss Vera Graham, director of nursing, Sherbrooke Hospital, Que.; Miss Mary E. Macfarland, director of nursing, General Hospital, Toronto, Ont.; Miss Lucy Rechenmacher, St. Paul's Hospital, Saskatoon, Sask.; Miss Annie Thomson, director of nursing, Civic Hospital, Peterborough, Ont.

Chairman, Private Duty Nursing Committee: Mrs. Eva Brackenridge, Peterborough, Ont.; Miss Norene Malone, Sherbrooke, Que.

Chairman, Public Health Nursing Committee: Miss Helen Carpenter, instructor, University of Toronto School of Nursing, Toronto, Ont.; Miss Jean Forbes, district superintendent, Victorian Order of Nurses, Halifax, N.S.; Miss Margaret E. Hart, director, University of Manitoba School of Nursing, Winnipeg, Man.; Miss Annonciade Martineau, supervisor with the Department of Health, Montreal, Que.

Regional Representatives of the Nursing Sisterhoods:

Maritimes: Sister Catherine Gerard, associate administrator, Halifax Infirmary, N.S.

Quebec: Sister Denise Lefebvre, director of nursing, Institut Marguerite d'Youville, Montreal, Que.

Ontario: Sister Mary Grace, director of nursing, St. Mary's Hospital, Kitchener,

Ont.; Sister St. Oswald, Hotel Dieu, Kingston, Ont.

Manitoba—Saskatchewan: Sister Delia Clermont, director of nursing, St. Boniface Hospital, Man.

Alberta—British Columbia: Sister Mary Claire, director of nursing, St. Joseph's Hospital, Victoria, B.C.

Nominating Committee: (Three to be elected); Miss Barbara Beattie, director of nursing, Moncton Hospital, N.B.; Miss Rae Chittick, assistant professor, University of Alberta, Calgary, Alta.; Miss Winnifred Cooke, director of nursing, General and Marine Hospital, Owen Sound, Ont.; Miss Ethel James, instructor, General Hospital, Regina, Sask.; Miss Jean Masten, director of nursing, Hospital for Sick Children, Toronto, Ont.; Miss Edith Young, director of nursing, Civic Hospital, Ottawa, Ont.

C.N.A. Convention Bulletin of Information

Accommodation: All requests for accommodation on the campus should be addressed to *The Extension Dept., University of British Columbia, Vancouver*, on card provided for the purpose. These cards may be secured from your provincial Registrar. Since there are very few single rooms, persons who wish to room together are asked to make such requests when reserving accommodation. Arrangements have been made for the accommodation of the Nursing Sisterhoods.

Registration: Registration for the convention should be made on the triplicate forms provided for the purpose. Retain one copy and return the other two copies, together with the registration fee by bank or postal money order, to: *Canadian Nurses' Association, Suite 401, 1411 Crescent St., Montreal 25.* Acknowledgement of registration should be presented at the Registration Desk, *Saturday, June 24, from 9:00-12:00 noon or Monday, June 26, from 9:00-5:00 p.m.* The Main Housing Registration Desk is located in the Extension Department Office, Hut L-10, University Campus. A branch office is located at each camp. Consult reverse side of registration form for further particulaws.

Meetings: Executive Meetings (place to be announced later); General Meetings in the Auditorium; Work Conferences in the Physics Building and adjoining huts; General Interest Sessions in huts—vicinity of the Physics Building.

Exhibits: All exhibits, including commercial, educational, *The Canadian Nurse*, etc., will be displayed on the first floor of the Physics Building and in the Exhibit Hut nearby.

Lippincott Lounge: Tea will be served at 4:15 each day in the Lippincott Lounge (place to be announced later).

Tentative Program of C.N.A. 25th General Meeting, Vancouver

Executive Meetings

Thursday, June 22, Friday, June 23, and *Saturday, June 24*—from 9:00-12:00 and 2:00-5:00. 7:00—Dinner for members of the Executive Committee. Guests of the Council, Registered Nurses' Association of British Columbia.

Registration

Saturday, June 24—9:00-12:00 noon.

Monday, June 26—9:00-12:00 noon; 2:00-5:00.

Monday—June 26

GENERAL SESSION, 9:00 A.M.

Place: The Auditorium.

Invocation: Rev. W. S. Taylor, M.A., B.D., Ph.D., Principal, Union Theological College, Vancouver.

Address of Welcome: The Hon. G. S. Pearson, Minister of Health and Welfare, B.C.

Greetings: Mr. C. E. Thompson, Mayor, Vancouver. Dr. Norman A. M. MacKenzie, president, University of British Columbia.

Dr. J. C. Thomas, president, B.C. Medical Association. Sister Columkille, president, Registered Nurses' Association of B.C.

Response to Address of Welcome: Miss E. M. Cryderman, president, Canadian Nurses' Association. Roll Call of Federated Associations. Presidential Address, Miss E. M. Cryderman. *Reports:* Secretary-Treasurer, Miss G. M. Hall; Finance Committee, Miss M. Myers; *The Canadian Nurse*, Miss M. E. Kerr; The Editorial Board, Miss M. S. Mathewson; Committee on Arrangements, Mrs. A. Wyness.

AFTERNOON SESSION

Reports—2:00-3:00 p.m.: Provincial Associations, President or Secretary of each provincial association. Committee on Institutional Nursing, Miss E. M. Palliser; Committee on Private Duty Nursing, Miss B. Key; Committee on Public Health Nursing, Miss T. G. Hunter; Committee on Health Insurance, Miss F. H. M. Emory; Committee on Student Nurse Activities, Miss M. E. Kerr.

Forum, 3:45-5:15 p.m.—The Impact of Health Service Plans on Nursing. Chairman, Miss Rae Chittick.

EVENING SESSION

Reception, 9:00 p.m.—Guests of Vancouver Alumnae groups.

Tuesday—June 27

Reports—9:00 a.m.: Educational Policy Committee, Miss A. J. Macleod; Metropolitan School of Nursing, Miss N. D. Fidler; Nominating Committee, Miss M. E. Kerr.

Panel, 10:45-12:00 noon—The Baby is Two. Chairman, Miss A. J. Macleod.

AFTERNOON SESSION, 2:00-5:00 P.M.

Work Conferences. General Interest Sessions.

EVENING SESSION

General Interest Session—7:00-8:00 p.m. General Meeting — 8:30-9:30 p.m. *Guest Speaker:* Dr. Martin Cherkasky, Home Care Executive, Montefiore Hospital, New York. *Topic:* A Program for the Care of Persons with Chronic Illness.

Social Hour: Brock Hall—9:30-10:30 p.m. Sponsored by the Greater Vancouver District, R.N.A.B.C.

Wednesday—June 28

Reports—9:00-10:00 a.m.: Committee on Constitution, By-Laws and Legislation, Miss N. D. Fidler; War Memorial Committee, Miss M. E. Kerr; Loan and Bursary Committee, Mrs. C. Townsend; Canadian Florence Nightingale Memorial Committee, Miss E. K. Russell; Annuity Committee.

Labor Relations Forum, 10:00-11:00 a.m.—Miss Ina Broadfoot, Chairman.

Public Relations Committee, Miss H. G. McArthur; Exchange of Nurses Committee, Miss N. Mackenzie.

AFTERNOON SESSION, 2:00-5:00 P.M.

Work Conferences. General Interest Sessions.

EVENING SESSION

Banquet—7:00 p.m. Mary Agnes Snively Memorial Lecture. *Guest Speaker:* Dr. Charlotte Whitton, C.B.E. *Topic:* Trumpet in the Dust.

Thursday—June 29

GENERAL MEETINGS (CONCURRENT)

9:00-12:00 NOON

Sponsored by Committees on Institutional Nursing, Private Duty Nursing, and Public Health Nursing.

Luncheon Meeting—National and Provincial Secretaries. Guests of Council, R.N.A.B.C.

AFTERNOON SESSION, 2:00-5:00 P.M.

Work Conferences. General Interest Sessions.

EVENING SESSION, 6:00-10:00 P.M.

Cruise of the Harbor

Friday—June 30

9:00-12:00 NOON

Unfinished Business. New Business. *Speaker:* To be announced—10:30 a.m.

AFTERNOON SESSION

Summary of Work Conferences: Dr. M. Cherkasky, Miss D. Percy, Dr. W. G. Black, Miss M. Palk, Miss L. Horwood, Mr. B. H. Peterson, Miss M. E. Kerr, Mlle S. Giroux, Sr. Denise Lefebvre, Miss H. Penhale.

Report of Resolutions Committee. Scrutineers' Report. Election and Installation of Officers.

EVENING SESSION

Dinner—Overseas Nursing Sisters' Association.

Monday—July 3

Executive Meetings—9:00-12:00 noon; 2:00-5:30 p.m.

C.N.A. General Meeting Work Conferences

June 27, 28 and 29—2:00-5:00 p.m.

I	II	III
EVALUATION AND ACCREDITATION OF SCHOOLS OF NURSING *Consultants*, Sr. Denise Lefebvre, Institut Marguerite d'Youville, Montreal. Miss M. Street, Miss A. Macleod, Miss D. Riddell, Sr. Mary Claire.	JOB ANALYSIS OF NURSING POSITIONS *Consultants*, Mr. B. H. Peterson, Personnel Director, City of Vancouver. Mr. K. R. Martin, Miss E. Honey, Miss T. G. Hunter.	MEETING THE TOTAL NEEDS OF LONG-TERM PATIENTS *Consultants*, Dr. Martin Cherkasky, Home Care Executive, Montefiore Hospital, New York. Miss C. Livingston, Miss P. Morrison, Miss H. Sutherland, Mrs. E. Pringle, Miss A. Gage.
IV	**V**	**VI**
METHODS OF EVALUATING STUDENT PROGRESS *Consultants*, Miss Helen Penhale, School of Nursing, University of Alberta, Edmonton. Sr. Jeanne Forest, Miss F. U. McQuarrie.	COUNSELLING AND GUIDANCE *Consultants*, Dr. W. G. Black, Counsellor, Dept. of Psychology, Univ. of B.C., Vancouver. Miss M. Johnson, Miss J. Whiteford.	STAFF EDUCATION *Consultants*, Miss May Palk, Educational Director, Toronto Branch, V.O.N. Miss G. Sharpe, Miss E. Cryderman, Miss H. Carpenter.
VII	**VIII**	**IX**
THE NURSING TEAM *Consultants*, Miss Lorna Horwood, Dept. of Nursing, Univ. of B.C., Vancouver. Miss E. Robertson, Miss J. F. Ferguson, Mrs. L. H. Fisher, Miss M. Russell.	THE NURSE IN INDUSTRY *Consultants*, Miss Dorothy M. Percy, Civil Service Health Div., Dept. Nat. Health & Welfare, Ottawa. Miss S. A. Wallace, Miss M. I. Walker, Miss L. Miller, Miss G. Hyndman, Miss A. Palmquist.	LE TRAVAIL D'EQUIPE EN NURSING (French members) *Consultants*, Mlle Suzanne Giroux, Official Visitor of French Schools of Nursing, A.N.P.Q., Montreal. Miss A. Girard, Sr. Valérie de la Sagesse, Miss T. Gagnon.

X

STUDENT WORK CONFERENCE
Consultant, Miss Margaret E. Kerr, Editor and Business Manager, *The Canadian Nurse*, Montreal. Mrs. Lenora Kelly, Sister M. Felicitas.

C.N.A. GENERAL INTEREST SESSIONS

June 27, 28, and 29—2:00-5:00 p.m.

Both under-nourishment and over-nourishment present problems in clinical medicine. Gross under-nourishment results in amenorrhea, menstrual disorders, and a fall in conception rate. Over-nourishment and sterility are commonly associated with infertility in women.

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Student Nurses

Professional Adjustments

CHRISTINA GILLIS

Average reading time — 6 min. 24 sec.

IN MAKING any professional adjustments, one of the most important essentials is the ability to solve problems. Everyone has problems and it is only through a recognition of them and the employment of a fine technique, using proper sources of aid, that effective solutions can be reached.

In solving any problem, there are three essentials to be considered: the collection, the selection, and the organization of data. To complete the stages effectively, the ability to evaluate sources is important. A systematic record of readings should be kept. Anyone who understands and develops sound methods for these three possesses useful tools for solving personal, social, and technical problems. In addition to solving problems, practice of these methods is necessary if the nurse is to contribute articles, make bibliographies, and share in studies incumbent upon all members of a profession if they take proper interest in adding to the literature of the profession.

Nursing is referred to as a profession. First, let us ask ourselves, "What is meant by a profession?" The answer: "A profession is a limited and clearly marked group of individuals educated and trained to perform certain functions." The nursing profession, therefore, is that vocation which uses the spiritual, intellectual, and technical skills common to it, through special application to the affairs of others in the field of public health and welfare.

Miss Gillis was a senior student at the Hamilton Memorial Hospital, North Sydney, N.S., when she prepared this material.

A professional nurse, irrespective of the special field which she has chosen, should possess the following traits:

> True spiritual outlook; emotional stability; understanding and appreciation of good health; desire and capacity for hard work; appreciation of high standards of workmanship; an objective point of view; ability to see one's work in relation to others; belief, integrity of one's self and one's work; generous attitude towards ability and work of others; courage; flexibility; urge to grow and develop through additional study.

She should also have a background of professional philosophy as well as a philosophy of life. What does philosophy really mean? Broadly interpreted, it is the study of reality through ultimate causes, and by the light of human reason to explain the origin and destiny of man and the purpose of life. Nursing philosophy, therefore, formulates what is conceived to be reasonable for the nature of and the end to be achieved by nursing. It helps to direct activities, to weigh values, to make sound decisions, and to discover order that already exists as well as to create order where it should but does not exist.

The field of nursing is divided, generally speaking, into three main divisions: private duty, institutional, and public health nursing. Today, while there are still these three branches, there are numerous opportunities within them, as well as in other fields which have sprung up because of changes within society and the profession of nursing. It is important to keep in touch with the various changes because of their effect upon the nursing profession as a

BURSARIES FOR STUDY IN THE FIELD OF MENTAL HEALTH

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Substantial bursaries are available for registered nurses for the Session, 1950-51.

Purpose of the bursaries:

(a) To prepare instructors and supervisors for psychiatric wards *in order to improve the teaching of nurses* in their clinical study of mental health.

(b) To prepare nurses for other work in the field of mental health.

Note: The adequately prepared nurse has one unique qualification for service in the field of mental health, namely, prolonged *clinical experience* resulting in certain knowledge and understanding that can be gained in no other way. Hence, a first step in preparing nurses for future work in this whole field must include clinical experience in the psychiatric hospital.

The course includes:

(a) Clinical and classroom study of mental illness and mental health, ward administration, and principles of supervision.

(b) Principles and methods in classroom and clinical teaching.

(c) Developments in nursing education.

As the bursary covers a period of twelve months, there is opportunity for selected field experience (practice and observation visits) in Toronto and elsewhere.

For further information apply to:

The Secretary,
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TRY BEFORE YOU BUY

(No. 2 of a series)

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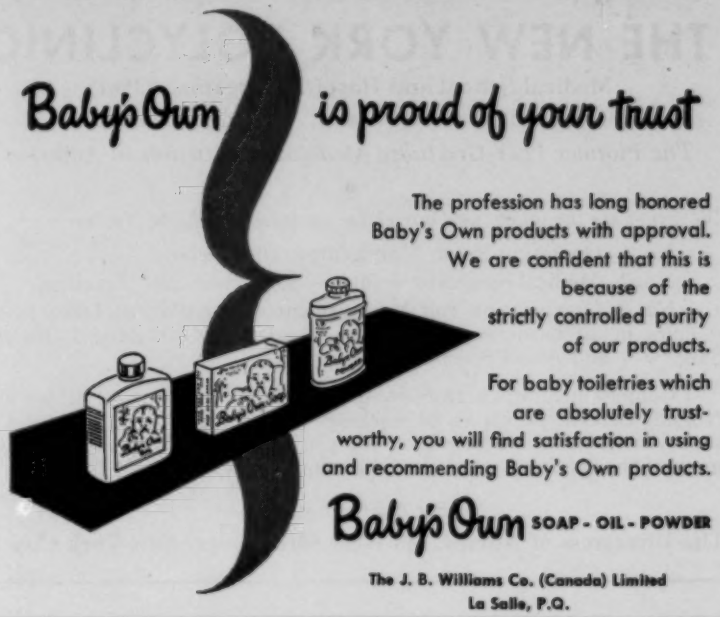
whole, and upon vocational opportunities in particular.

A nurse should decide what type of work she will take up after graduation. In making a study of opportunities in nursing and in choosing a field, she must remember that no one can do these things for her. She must learn to make her own decisions, savored with advice from the right source at the right time. The nurse should be alert and quick to become acquainted with all material which can assist her in her work.

Today there is need for advanced education in order that one may keep up with the changing scene and carry on effectively everyday nursing and living. A primary essential to a nurse after graduation is the securing of a position. In order to do this, the psychology of applying for a job must be understood and wisely used. She should become familiar with the factors that operate for and against one seeking employment. After obtaining her position, she must keep up with social, professional, and religious activities that will help her to live well and to meet daily the situations and problems that are inevitable. She should have patience, a good supply of humor, be kind, know her job and, above all, establish the habit of getting along with others.

After graduation, the connecting link between the individual nurse and her school of nursing is her alumnae, which is an organization whose members are all graduates of that particular school of nursing. If a nurse does not belong actively to her alumnae association she will be isolated from her school and become somewhat of a lone and lonesome worker. She should also take active interest in her provincial nurses' association and in the Canadian Nurses' Association, because she thus expresses publicly her belief in the nursing profession. It gives her an opportunity to make new friends and to secure stimulating and fresh points of view in regard to nursing, its objectives, problems, and ideals. An understanding of organization principles and practices is essential for any nurse if she expects to carry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out her responsibilities toward her profession.

Another problem confronting the nurse on graduation is her legislative responsibility. Because she is in a profession, which by law has certain privileges and functions, she has the particular obligation of knowing just what is involved in the provincial Acts governing nursing and what they mean to her, to the profession, and to the public.

If one hopes to carry on more effectively her professional work, it will be of great help to understand the ordinary legal relationships involved. It is presumed that if any legal problem of a serious nature arises, she will consult a reliable lawyer who is guided by the ethics of his profession. Nurses are obliged to know the Harrison Anti-Narcotic Law. According to the terms of this Act, a nurse may legally possess drugs only if authorized by a federal licence, or if she is a patient or an agent of a licensed physician. As an agent she may have only those drugs prescribed for her patient and at the end of the case she must return all the narcotics in her possession to the physician whose agent she is. Ignorance of the nature of the drug she is handling or of the terms of the Harrison Law will not be accepted as an excuse for violating this Act.

The opportunity to live a well-balanced life is of prime importance if one is expected to do thoroughly that of which she is capable. To accomplish this as a nurse and a citizen, one needs to develop fine social and professional relationships. Poise is a necessary quality and is determined by physical and mental health, personal appearance, conversation, etiquette and, lastly, ethical ideals and practices. Other factors which also influence social and professional contact and relationships are living conditions and type of leisure-time activities.

It is well for the nurse to aim at developing and maintaining a well-balanced personality that will enable her to live completely.

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The Directress of Nurses, 343 West 50th Street, New York City 19

Book Reviews

Nursing of the Sick—1893, by Isabel A. Hampton and others. 218 pages. Published by McGraw-Hill Co. of Canada Ltd., 50 York St., Toronto 1. 1949. Price $3.85.

The World's Fair, held in Chicago in 1893, provided the background for a unique gathering—the International Congress of Charities, Correction and Philanthropy. A brilliant company of leaders gathered for the first time to discuss pertinent problems. This book is a compilation of the papers that were presented under the section entitled Hospitals, Dispensaries and Nursing. A verbatim record of the discussion following each paper is also included. For those who are interested in the developments of our profession in the U.S.A. it is a veritable treasure-house of source material.

Throughout the ages, various forms of nursing service had been given, chiefly by a low class of workers. The epoch-making revolution, which the establishment of the first training school at St. Thomas's started, gave an impetus to a new form of nursing in the fourth quarter of the 19th century. Modern nursing methods had been initiated in the United States just 21 years before this Congress was held. Enormous strides had been made with training schools mushrooming in every hospital. There was little standardization of education or service. And so these papers present a picture of the early gropings toward present-day maturity.

There are famous names among the participants. Isabel A. Hampton Robb, Lavinia Dock, Linda Richards, Mrs. Dacre Craven who had been closely associated with Florence Nightingale—this record of their words and thoughts reveals them as women with a wide vision for the future of nursing. No school of nursing library should be without this book as an inspiration to nurses of today.

Space does not permit a detailed description of the topics discussed. A few of the titles will indicate the trend: Educational Standards for Nurses; The Relation of Training Schools to Hospitals; Trained Nurses as Superintendents of Hospitals; Necessity of an American Nurses' Association; Nurses' Homes, etc. There are 31 papers in all. It

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was following this Congress that the first national nursing organization was formed on this continent.

Office Management for Health Workers, by Frances King and Louis L. Feldman. 164 pages. Published by The Commonwealth Fund, 41 East 57th St., New York City 22. 1949. Illustrated. Price (in U S.A.) $2.25.

Reviewed by Mary P. Edwards, Senior Public Health Nurse (Swift Current), Saskatchewan Department of Public Health.

This book holds much that should be of great value to anyone who is directing a health office. The first chapter treats with problems of staff relationship and management briefly, but with exceptional insight into the needs, rights, and responsibilities of staff members. There is material here to start any director on an analysis of her own work and attitudes and the effect on the other workers.

The chapters on the office itself and its equipment contain sound sense.

Other chapters dealing with files, records, reports, surveys, and case histories are covered thoroughly but concisely and a wealth of information and good suggestions are offered. Illustration is used to further clarify this material.

This book, in my opinion, is an excellent source of reference for any person responsible for setting up or maintaining a health office.

Change of Life, by F. S. Edsall. 127 pages. Published by S. J. Reginald Saunders & Co. Ltd., 84 Wellington St. W., Toronto 1, 1949. Price $2.75.

Reviewed by Eva Brackenridge, Private Duty Nurse, Peterborough, Ont.

"Change of Life" is a book which should be read and in the possession of all women between the ages of 16 and 60, as valuable information is contained in it for very young women and a wealth of knowledge for women nearing the climacteric.

This little volume is written almost in story form, is full of candid facts and figures and, while it presents most interesting reading for the professional person, it can be readily understood by the lay person as well.

The reading of "Change of Life" could do much to disperse the fear and mental anxiety which envelopes the minds of many women as they approach this period in life. Many symptoms are described and the "bogy" removed through sane explanation of body functions.

This is not a book to be read and set aside. It should be read frequently during a woman's

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life and recommended by her to her friends and acquaintances as a book full of valuable information and sufficient humor to make it most enjoyable reading.

A Lamp Is Heavy, by Sheila MacKay Russell. Illustrations by Jean McConnell. 257 pages. Published by J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 1950. Price $3.75.

Reviewed by Margot Ross, 1950 graduate, Royal Victoria Hospital, Montreal.

This account of the trials and problems, the joys and satisfactions of a student nurse is one of the most readable books on nursing that could be found. Every nurse—student or graduate—will chuckle and groan with Susan Bates as she makes her way through three years of training. Each will share with her the recollection of the "slump" after the glamor of receiving the coveted cap has worn off. Few nurses have not gone through the period of being desperately weary and feeling like quitting it all. If every girl *had* to read even that one chapter in this book, chances are it would give her a whole new idea of nursing. "It's the faithfulness and unselfishness with which you, who are so young, do personal, monotonous, revolting chores for those who are sometimes so old or so lacking in consciousness that they are not even capable of gratitude. But you are rich in health and strength and everything the ill need. You are the very breath of life to them; you are the mainstay in their extremity. That is nursing. . . ."

There is humor and pathos, yes, and romance, woven into this story. Nurse recruitment committees would probably agree that it would be excellent reading material for girls thinking of entering nursing, for it is so true to life. Their parents should read it, too, to understand better the life their daughters want to begin.

Perhaps the most interesting fact about this book from our point of view is that the author is a Canadian nurse—a graduate of the University of Alberta Hospital in Ed-

monton. She is presently residing in Red Deer, Alta.

Medical Microbiology for Nurses, by Erwin Neter, M.D., F.A.P.H.A. 470 pages. Published by F. A. Davis Co., Philadelphia. Canadian agents: The Ryerson Press, 299 Queen St. W., Toronto 2B. 1949. Illustrated (9 in color). Price $5.00.

Reviewed by Marjorie E. Humphreys, Instructor, Regina General Hospital, Sask.

More and more the student nurse of today has need of a concise text dealing with this topic. Dr. Neter has very ably achieved this purpose.

Beginning with the study of bacteriology in general, the author gradually builds up his course to the study of specific microorganisms. This author, quite different from most, closes with a brief history of microbiology for he feels the student, by then, should have a greater appreciation of and interest in the science.

The teaching and learning aids are outstanding. The headings are clear and in heavy print. Each chapter begins with an outline and concludes with references, for more detailed information, and review questions. Tables, diagrams, and an adequate glossary add to the value of the text. The illustrations for the most part are excellent. A few illustrations, however, could be improved by color as, for example, Hemolysis, Fig. 26, 37, and also Vaccinal Reaction, Fig. 76.

Section Two, titled Immunology, is particularly well done. The author explains easily and simply each new term. To illustrate the specificity of antigens and antibodies, Dr. Neter uses this analogy: "Just as a certain key fits only a special keyhole, a certain antibody fits only a certain antigen." In this same section he discusses blood groups, blood transfusion reactions, and the Rh factor. So frequently the student finds this section confusing, senseless, and hopeless. Dr. Neter has not allowed the problem to arise.

All in all, this book, either as the student's text or as a reference text in the library, would be an asset.

Physiology in Diseases of the Heart and Lungs, by Mark D. Altschule. 368 pages. Published in Canada by S. J. Reginald Saunders & Co. Ltd., 84 Wellington St. W., Toronto 1. 1949. Price $8.00.

Reviewed by Margaret Gibson, Head Nurse, Vancouver General Hospital.

After reading this book, and admitting that I did not understand all I read, I would say that it appears to be a complete, detailed, systematic review of the subject "Physiology

• SCHOLARSHIP AWARD •

The **Alumnae Association of the Kingston General Hospital, Ontario,** is pleased to announce that a Scholarship will be awarded this year, covering $500, to a member who has had at least one year's experience and who wishes to take post-graduate study.

Please state course desired and make application, before ***April 30,*** to:

Miss Beryl Haynes, Sec.
Nurses' Alumnae
General Hospital
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SALARY—$166-201 and minimum of $173 per month for public health nursing diploma (cost of living bonus included) plus travelling and living expenses away from headquarters; automatic annual increase of $84 until maximum is reached.

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1730 Scarth St., Regina, Sask.

in Diseases of the Heart and Lungs." Each division is complete with an extensive bibliography. In my opinion a nurse is not well enough informed in the details of physiology to either criticize or commend such a scientific book.

I did find the book interesting but, as the author states, it is written for medical students and the medical profession, particularly for the diagnostician and, therefore, is of no value in a student nurses' library and of doubtful value even for use in post-graduate studies.

This text is in the doctors' library at our hospital and I understand is being used extensively by the specialists on staff.

Evidence is accumulating that fat (in food) exhibits nutritional effects over and above those assigned to it as a source of dietary calories or of essential fatty acids. The experiments . . . on orphanage children have shown that margarine and butter possess growth-promoting powers not attributable to the commonly recognized functions of fat . . . Fat has a protein-sparing action in man.

—*Nutritional Observatory*

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments — Hamilton: *Barbara Johnson* and *Frances Riddell* (Hamilton Gen. Hosp.). Richmond: *Marjorie Low* (St. Paul's Hosp., Vancouver). Sydney: *Mary Harrington* (City Hosp., Sydney). Toronto: *Dorothy Anderson, Shirley Fox* (Wellesley Hosp., Toronto), *Elizabeth Archibald, Shirley Palin* (Toronto East Gen. Hosp), *Katherine Tuttle* (Ottawa Civic Hosp.). Vancouver: *Phoebe Clement* (Presidency Gen Hosp., Calcutta, India), *Helen Dunfee* (University of Toronto School of Nursing), *Ada E. McEwen* (Montreal Gen. Hosp.).

Re-appointments—*Anna Knecht* to Montreal; *Audrey Webster* to Guelph.

Leave of Absence—*Shelah Thompson.*

Resignations—*Gertrude Burns* from Saint John, N.B., *Mary Clancy* from Montreal, *Marguerite Foy* from Guelph, *Ruth Franklin* from Calgary, *Jean Nicol* from Hamilton, *Winnirfed Stewart* from Burnaby, B.C.

VANCOUVER GENERAL HOSPITAL

Invitations are invited for the following staff positions which will be open in *September:*

Clinical Instructor—for Surgical Nursing, preferably with experience in General Surgery and Urological Nursing.
Monthly Salary Range: $207 increasing to $232.

Instructor—preferably with degree as chief subject will be Bacteriology.

Instructor—preferably with previous experience in teaching and with ward experience. Duties include lectures and demonstrations in nursing arts and allied subjects.
Monthly Salary Range: $197 increasing to $222.

Perquisites include: 44-hour week (week-ends free); Statutory Holidays —11; Vacation—28 days; Sick Leave—1½ days per month cumulative; Pension Plan (if under age 35).

General Staff Nurses required May 1st, Vacation Relief.
Monthly Salary Range: $177 increasing to $207.

Apply **Director of Nursing** *for further particulars.*

Antihistaminic Preparations

Persons who take antihistaminic preparations for the relief of symptoms of the common cold should be careful never to exceed the recommended dosage and should not use these preparations over a prolonged period except under a doctor's direction.

Two dangers are associated with these drugs. One is that they have already been observed to have undesirable side effects, the commonest being drowsiness. This drowsiness has been sufficient in some people to cause them to become careless of the dangers of machinery which they were operating or to the hazards of driving a car. The second danger is that no one yet knows what harmful effects these drugs may produce on the body in general or on specific tissues when they are taken over prolonged periods.

"Colds are still thought to be due to a virus infection and there is no evidence that antihistaminics have any effect on the virus," Dr. C. A. Morrell, director of the Department of National Health and Welfare Food and Drug Divisions, stated. "Warnings have been issued to manufacturers that these products may be advertised only for the symptomatic relief of colds—that is, running noses, pains, and the distresses that accompany colds."

The antihistaminics are a new class of drugs which appear to have real usefulness in the treatment of allergies but not many colds or symptoms of colds are, according to present evidence, due to allergies.

Nursing Sisters' Association

Trafalgar House was the scene of a well-attended general meeting of the *Ottawa Unit* when Evelyn Pepper, the president, was in the chair. Plans to sponsor a Theatre Night, in order to raise funds for the unit, were made.

Mrs. W. Sharpe was chosen as convener, with Mmes P. J. Philpott, E. S. Perkin, and Miss Gladys Clark assisting. Following the business session, interesting films were shown and refreshments served.

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is offered to Registered Nurses. This includes organized theoretical instruction and supervised clinical experience in all departments.

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For further particulars apply to:

Superintendent of Nurses, Toronto Hospital, Weston, Ontario.

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Has vacancies for supervisory and staff nurses in various parts of Canada.

Applications will be welcomed from Registered Nurses with post-graduate preparation in public health nursing, with or without experience.

Registered Nurses without public health preparation will be considered for temporary employment.

Scholarships are offered to assist nurses to take public health courses.

Apply to:

Christine Livingston
Chief Superintendent
193 Sparks Street
Ottawa.

At the annual meeting of the *Montreal Unit* the following officers were elected for 1950: President, Madeline Taylor; vice-president, Elva Honey; secretary, Janet McWade; treasurer, Mrs. P. Bisaillon; social committee, Marie Latour (convener), Doris Jamieson, Olive Mulligan. Mrs. J. A. Toller and Nancy Kennedy-Reid were re-elected to the Visiting Committee. Gertrude Layman, M.A. Beaumont, and Eleanore McNaughton comprise the Special Committee.

News Notes

ALBERTA

EDMONTON

The Instructors' Group Sub-Committee of the Educational Policy Committee, Edmonton District 7, A.A.R.N., has embarked upon a successful 1949-50 season. E. Mackie is chairman of the classroom instructors while M. Delameter is directing activities of the clinical group.

The program of the clinical instructors has included a symposium, led by Mrs. G. Heath, outlining a general plan of work for clinical supervisors and stressing the daily, weekly, monthly, and yearly duties and projects. In November, Mrs. W. T. Murray gave an interesting and helpful talk on rotation of students. The classroom instructors have made a study of the relative value of qualifying examinations for first-year student nurses, based on information obtained from other provinces.

R. Ball, of Misericordia Hospital, spoke to both groups at the January meeting on the Block System, as it has been instituted in that hospital. The report was received with enthusiasm and the interesting discussion which followed provided much food for thought.

Royal Alexandra Hospital

Mrs. J. Oliver, the president, was in the chair at a recent meeting of the alumnae association. Plans were made for a Telephone Bridge and a fall project will be a Tea and Apron Sale. The Trocodero will be the scene of the annual banquet in honor of the graduation class, to be held April 12. Mrs. W. Norquay and V. Chapman are co-conveners of this event, assisted by E. Forestell and J. McDougall.

BRITISH COLUMBIA

ABBOTSFORD

Mrs. R. Munson's home was the scene of a regular meeting of the Matsqui-Sumas-Abbotsford Chapter when a talk on "The Rh

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Director, School for Graduate Nurses, McGill University
1266 Pine Avenue, West, Montreal 25, Que.

Factor" was given by Dr. B. G. Barkman. Mrs. T. Clarkson was the winner of the raffle.

KAMLOOPS-TRANQUILLE

At a recent meeting of Kamloops-Tranquille Chapter the following representatives were elected for 1950: Institutional nursing, B. Donaldson; general duty, Mrs. A. Hay; public health, F. Primeau; visitor to sick nurses, Mrs. H. Claxton; Local Council of Women, Mrs. H. Grafton; press, H. Service; *The Canadian Nurse*, E. Gordon.

The Central Hotel was the scene of the annual Valentine Tea sponsored by the chapter in February, the gross proceeds totalling $500.87. The raffle for a hand-made leather purse, wallet, and silver nut dishes realized $254, the doll raffle, $18.65, home-cooking sale, $55, the bazaar, $115.30, and the tea-room, $57.92.

Mrs. E. Ransome, of Tranquille, and Mrs. R. I. Dalgleish were conveners of the tea-room. Presiding at the urns were O. Garrood, M. H. MacKay, Mmes J. Lambly and H. F. Grafton. In charge of the bazaar table were: Mmes S. Dalgleish, C. Farquharson, and A. L. Clark. Mmes J. M. Hodgson, A. H. Claxton, and R. G. Walker convened the home-cooking. Mrs. J. Pattison and Jean Phillips were in charge of the raffle. The nut dishes were a donation from Hazel MacInnes, of Toronto, former superintendent of nurses at the Royal Inland Hospital, Kamloops.

KELOWNA

Mrs. H. M. Trueman took over the reins of office from the retiring president, Marian Davies, at the annual meeting of Kelowna Chapter held last October. The election of officers highlighted the evening's program and H. Empy was named vice-president, Sheila Blackie, secretary, and Mrs. F. Bunce, treasurer. A decision was reached to send four delegates to the organizational meeting of the

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REGISTRATION
OF NURSES

Province of Ontario

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EXAMINATION
ANNOUNCEMENT

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An examination for the Registration of Nurses in the Province of Ontario will be held on **May 17, 18 and 19.**

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

The Director
Division of Nurses Registration
Parliament Buildings, Toronto 2

Kelowna Local Council of Women, the delegates being Mrs. Trueman, Misses Davies, Empy, and Blackie. Members continue to send food parcels each month to British nurses. Mrs. R. McKenzie was appointed delegate to the Public Health Auxiliary.

An interesting feature of the president's report was the announcement that Pearl Griffin, of Westbank, and staff nurse of the General Hospital, Kelowna, had been awarded the first bursary for post-graduate study sponsored by the chapter. It was also reported that over $900 had been contributed by the chapter towards charitable activities and other local events in the past two years.

The guest speaker was Alice L. Wright, R.N.A.B.C. executive secretary, whose topic was "The Professional and Legal Responsibilities of the R.N.A.B.C." She also discussed the plans for the annual meeting of the association, scheduled for April 13-15 at Kelowna.

MANITOBA

BRANDON

The Mental Hospital was the place of meeting of the Association of Graduate Nurses, with the president, Mrs. E. Griffin, in the chair. Reports from the various committees included word of the sending of a food parcel from the married nurses section to England. Mrs. D. Johnson reported that her committee had begun on a report of the Constitution and By-Laws of the association.

Following the business meeting, Mr. W. Dinsdale, the guest speaker, was introduced by R. Naemark. "The Family" was the speaker's topic, his remarks proving both informative and amusing, leaving room for a lively discussion, both pro and con, which followed. M. Patterson thanked the speaker on behalf of the members and a social hour followed.

The nurses' residence of the General Hospital made an attractive setting for a tea held by the association and convened by Mrs. A. Lewis. In the afternoon the guests were received by the superintendent of nurses, M. Jackson, and Mrs. Griffin. Mrs. D. Johnson welcomed the guests to the tea room. Presiding over the tea table were: I. Lightly, Mmes G. Hotson, R. Darrach, and S. J. S. Peirce. Assisting were: Misses Taylor, Cranna, Daniel, Gemmell, McCausland, Richardson, Hettle, and Markey; Mmes Brereton, Perdue, Rutter, Fjeldsted, Cripps, Selbie, Russell, Purdie, Scheidel, McNee, Alexander, McKenzie, Muir, Enders, and Long. The home-cooking table was in charge of Mmes Anderson, Fisher, and Mathie, while Mrs. Speakman looked after the candy booth.

In the evening, tea honors were shared by M. Patterson and M. F. Cascaden. Serving were: Mmes Dick, Buchanan, Greaves, Nichol; Misses Agnew, I. and G. Lamont, Morden, Zeigler, and Mills. Mrs. W. Skene received the contributions and Mrs. T. B. Lane was in charge of flower tickets.

Proceeds from the tea went towards the purchase of a sound projector for the student classroom and the Scholarship Fund.

NEW BRUNSWICK

SAINT JOHN

The Private and General Duty Section of the local chapter made plans at a regular meeting for making this group more active. The convener, Mary Downing, was in the chair. The section hopes to get various groups of the private duty nurses together to foster entertainment among themselves and to organize study clubs. Distribution of magazines among the members will also be arranged. Beatrice Selfridge, chapter president, addressed the gathering and urged the private duty nurses to attend chapter meetings which are held each third Monday.

The Royal Hotel was the scene of a section dinner meeting with Miss Downing presiding. Plans were made for the annual dance. Motion pictures were shown and a sing-song, led by Miss McDermott who also entertained with solos, was enjoyed by all. Miss Peterson was at the piano.

General Hospital

Beatrice Selfridge was re-elected president of the nurses' alumnae association at the annual meeting. In the absence of Miss Selfridge, A. Hanscombe presided. Reports of the year's work were gratifying. The alumnae has received many letters from retired British nurses, expressing gratitude for food parcels received. It was decided to continue with this project.

The honorary president is E. J. Mitchell with Mrs. E. Mooney and Miss Hanscombe serving as vice-presidents. C. MacLeod is secretary assisted by L. Floyd. D. Guild is treasurer assisted by E. Hooper. Additional executive members include: P. Harrity, A. Carney, E. Williams, I. Wetmore, Mmes M. O'Neill and J. Vaughan.

St. Joseph's Hospital

M. Wallace presided at a recent meeting of the alumnae association. The Constitution and By-Laws of the alumnae were distributed to the members present and it was decided to present a copy to each new graduate of the school of nursing. It was reported that a box of clothing had been sent to the association's "adopted" family in England. At the conclusion of business a social hour was enjoyed.

ST. STEPHEN

A Christmas party, sponsored by the chapter, added $79.78 to the Sick Nurses Benefit Fund. A collection was also taken for a Christmas box to be sent to an ill, retired nurse while a parcel also was forwarded to a British nurse.

At meetings held early in the year a study of plans for the 25th biennial C.N.A. convention, to be held in Vancouver, was made. A report was given by the committee appointed to study the revision of local registry rules. H. Bartsch has been appointed to the Film Council, which has been organized in the city. About $30 will be contributed towards the purchase of a projector. L. Malloy and A. Mark will train as projectionists.

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The Director,
School of Nursing, University of Alberta
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Salary: $201.50 rising to $228 per month (including current C.L.B.).

Qualifications: Candidates should be eligible for registration in B.C. and have completed a University Degree or certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province; cars are provided.) Further information may be received from the *Director, Public Health Nursing, Dept. of Health, Parliament Bldgs., Victoria.* Candidates must be British subjects, under age of 40 (except in the case of ex-service personnel who are given preference), unmarried, or self-supporting. Application forms obtainable from all *Government Agencies, the B.C. Civil Service Commission, Weiler Bldg., Victoria,* or *636 Burrard St., Vancouver,* to be completed and returned to the **Chairman, Civil Service Commission, Victoria**

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1. A four-month clinical course in **Obstetrical Nursing.**
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Salary—After second month at General Staff rates.

For information apply to:

Director of Nursing
Royal Victoria Hospital
Montreal 2, Que.

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TWO-MONTH POST-GRADUATE COURSE IN THE IMMUNOLOGY, PREVENTION, AND TREATMENT OF TUBERCULOSIS.

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Superintendent of Nurses,
Mountain Sanatorium,
Hamilton, Ontario.

Edna Howard, former instructor at Chipman Memorial Hospital, is public health section superintendent, Orange, N.J. Theo Ingersoll, former assistant night supervisor at C.M.H., and Mrs. H. Connick are on the staff of the Red Cross outpost hospital, Grand Manan, N.B. Doreen Day is assistant supervisor, maternity ward, C.M.H. Doris Allan and Virginia Bell are taking a surgery course at the Health Centre, Jersey City.

ONTARIO

Districts 2 and 3

Stratford

The following officers are serving for the General Hospital Alumnae Association during the coming months: Honorary president, A. Munn; president, Mrs. B. Heinbuch; vice-president, I. Sherwood; secretary, Mrs. B. Ische; treasurer, M. McMaster. Additional members on the executive include: A. Woelfle, J. McLeod, E. Henderson, J. Attridge, M. Hildreth, Mmes M. Thompson, J. Riehl, M. Stoskopf.

A project of the alumnae has been the raising of funds to furnish a room in the new hospital. Money-making activities included card parties and rummage sales. Another feature has been the sale of life memberships, these proving very popular with graduates away from the city.

Last June, the members entertained the graduation class. Several of the graduates are now taking post-graduate courses, including: Ruth Cleland, Margaret Murr, Elizabeth Read, Mayme Watson.

District 4

Fort Erie

Audrey Judd recently assumed her duties as superintendent of nurses at Douglas Memorial Hospital. A graduate of the Soldiers' Memorial Hospital, Orillia, she has had additional training in obstetrics at Jersey City as well as experience at the Hospital for Sick Children, Toronto, and the Whitby Ontario Hospital.

Hamilton

General Hospital

The alumnae association held a very successful bridge and canasta party under the direction of Audrey Welstead and Doris Stock. During the evening many prizes were distributed and refreshments were enjoyed at the close.

Ontario Hospital

Mrs. M. Clark will serve as president of Ontario Hospital Alumnae Association during the coming year, with Mrs. I. Stevens acting as vice-president. Nora Parker is secretary and the treasurer is Mrs. G. Wallace. Other executive members include: Social committee, M. Orr, A. Legree, Miss Porteous; visiting, Mmes M. Sutherland, Jeffrey; representative to press, M. Moffatt.

District 5

Toronto

St. Michael's Hospital

Columbus Hall was the scene last November of the annual fall dance sponsored by the alumnae association. It was a social success as well as netting financially $219. All this was due to the able convenership of Dolores Ginestre, assisted by Dorothy Bergin as co-convener, with G. Gannon and J. Lumley in charge of publicity.

Members will be interested to know that the new extension to the hospital is going ahead famously. It is located on the corner of Bond and Queen Sts. and extends out from the A wing. The new dining-room and cafeteria, which had been looked forward to with much anticipation, was very appropriately open for the staff Christmas dinner.

Mary Rose Fenton is with the health service of the Bell Telephone Co., Ottawa. Kathleen Loney has been in charge of the obstetrical department, Cornwall General Hospital. Carmel Legere is at Jeffery Hale's Hospital, Quebec City. Sheila Tallon is at Misericordia Hospital, Winnipeg. Margaret Cheyne has joined the staff of the Red Cross outpost hospitals and is at Richards Landing, Ont. Lucretia Kruger is working at the hospital in Marathon, Ont.

District 6

Peterborough

Chapter C recently sponsored a bridge party held at the nurses' residence of St. Joseph's Hospital in aid of the Community Nursing Registry, realizing $62.73. Another project was a refresher course, sponsored by the registry and held at St. Joseph's Hospital Residence Auditorium. The speakers included: Dr. R. A. Kelly, M.O.H., Communicable Diseases, including Poliomyelitis; Dr. Donald Clark, Pediatrics; and demonstrations by members of the staffs of Civic and St. Joseph's hospitals.

District 10

Fort William

Mrs. D. Easton, of Port Arthur, was elected president of the district at the recent annual meeting. The vice-president is Sr. Patricia while Monica Waters will serve as secretary-treasurer. The councillors are: A. Hunter, J. Hogarth, J. Smart, A. Baillie, Sr. Felicitas. Other executive members include: A. Malmborg, V. Weston, M. Flanagan, C. Davidson, D. Shaw, P. Richardson, P. McNab, H. Keith, Mmes D. Page, M. Pittman, and G. Ward, and Sr. Monica.

A large representation of Lakehead nurses attended. Reports of the various committees and the financial statement revealed 1949 to have been a successful year. The president expressed the hope that further interest in district activities would be shown this year. At the conclusion of business, the Rev. Gron Morgan showed a color film on the work done by the Sailors Institute of Port Arthur. Re-

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LAW AND THE PRACTICE OF NURSING

By Nettie D. Fidler and Kenneth G. Gray, both of the University of Toronto. "Should prove of very practical value to all those who teach nurses and to practising nurses themselves." *The Canadian Nurse.* 112 pages, 1947. $2.00.

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freshments were served by the nurses of McKellar Hospital, locale of the meeting.

QUEBEC

MONTREAL

Royal Victoria Hospital

Miss Dexter has resigned as assistant night supervisor in the main building and is now nursing at the Montreal Neurological Institute. Frances Rogers has replaced her. B. Angus is assistant head nurse on Ward A, main building. Lois Dickson, of Campbellton, N.B., was a recent visitor at the training school office. Frances (Hamilton) Kay has returned from England to reside in Montreal and practise her profession.

SHERBROOKE

The home of Mrs. N. Lothrop was the scene of the annual meeting of the Sherbrooke Hospital Alumnae Association when the annual and financial reports were given, showing a very successful year. The following officers will be serving for the coming months: Honorary president, V. Graham; president, H. Woodman; vice-presidents, Mmes E. Lavallée, G. Vaudry; recording and corresponding secretaries, Mrs. G. A. Chisholm, F. Whittle; treasurer, M. Hunting; social convenor, B. Boyd; flower and gift convener, Mrs. N. Coates; representatives to *The Canadian Nurse*, Mrs. E. Taylor, M. Patton.

A vote of thanks was extended to Mrs. H. Grundy for her long and faithful service as treasurer. Miss Woodman then presided at a short business meeting and appointed the Executive Committee, namely: Mmes G. Bryant, E. Hobbs, J. Hopkins. Later a social evening, followed by a sing-song with Mrs. Lavallée at the piano, brought the evening to a close, refreshments being served by Mmes Lothrop, Bryant, and Miss Graham.

Twelve girls, who have completed their first five months of training at the hospital, recently received their caps at a special ceremony. The girls, who were presented for "capping" by G. Callan, chief instructor at the school of nursing, were capped by Vera Graham, superintendent of nurses. Dr. I. J. Quintin gave the address of welcome and the four candlelighters for the ceremony were S. Carson, J. Dow, I. MacLeod, and A. McElrea. At the conclusion of the ceremony, refreshments were served to the "blue caps" and their parents and friends by the hospital alumnae members and staff.

SASKATCHEWAN

MOOSE JAW

The General Hospital nurses' residence was the scene of a delightful Valentine Tea sponsored by Moose Jaw Chapter. Members invited their friends to join them and the highlight of the afternoon was the draw for the lady's or gentleman's tailored suit. G. Barnes generously played the role of "Madame La Gonza," the tea-cup reader. Door prizes were won by Mmes V. Brand and W. Green.

Harriet Hayes, president, and Alice Ralph, past president, received the guests. Mrs. J. S. Williams and Dorothy Code poured tea. Mrs. R. Milligan, assisted by J. Davey and Kay McGinn, convened the tea.

SASKATOON

City Hospital

Thirty students of the 1952 B class of the school of nursing recently received their caps at an impressive candle-lighting ceremony. G. James introduced the class. Each student was accompanied by her "Big Sister" as she was awarded her cap by Mrs. J. M. Yourk. The newly-capped students received the "Spirit of Nursing" from Mrs. J. E. Porteous as she lit their candles. Following this the group was welcomed into the school by Mrs. Porteous and together they recited the Nightingale Pledge. Doris Fair, president of the Student Nurses' Association, extended best wishes to its new members. During the lunch hour, the guests of honor received individual cakes iced in the school colors of blue and gold and topped with a miniature replica of their cap.

Mmes Porteous and J. Tait received at the annual membership tea held by the school of nursing alumnae association. L. Reynold, C. Cowan, M. Chisholm, and Mrs. W. H. Wood were in charge of the register. Mmes H. Sugarman and Wright presided over the tea-table. A dainty lunch was served under the convenership of Mrs. H. L. Wilson while T. Last, L. Knighton, A. Anderson, Mmes Fenty, Haverstock, Dyck, and Stenson assisted her.

Recent staff appointments include: R. Tooke, J. Chellew, B. MacKenzie, D. Budden, Mmes M. Beckett, E. Fildes, and V. Corbett. E. Christie is welcomed back following completion of post-graduate studies.

St. Paul's Hospital

A welcome is extended to 23 new "Freshmen B" and a "Bon Voyage" is wished to members of the third-year class who recently completed their course. As a reward for six months' intensive study, 40 "Freshmen B" (September, 1949) received their caps from the Rev. Father J. Bennett, chaplain, at a memorable ceremony. Rev. Father Mulcahey gave an interesting talk on "A Trip to Bermuda" at a recent Sodality meeting. Olga MacDonald, member of the editorial staff of *Ensign*, gave a talk on her visit to Rome.

Saskatoon Sanatorium

New staff members include: E. Turner, D. Hegre, A. Potts, E. Watson, and G. Wright. M. Maber has been doing special nursing here for the past few months. Frances Griffith has left to be married and J. Base has returned to Alberta.

YORKTON

June Gibson has joined the General Hospital staff. Agnes Durham has left to be married.

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Positions Vacant

Director of Nursing. An unusual opportunity is offered by Canada's newest & most modern Training School, now nearing completion. Applicant must have record of proven ability to organize a Training School & administer the Nursing Service of a progressive General Hospital. Present capacity is 226 beds. Construction scheduled to start in the Spring will increase capacity to more than 325. This position calls for a person with outstanding ability & qualities of leadership necessary to develop a Nursing School of the first rank. Conditions & salary will be in keeping with qualifications. Write Supt., Jewish General Hospital, 3755 Cote St. Catherine Rd., Montreal 26, Que.

Director of Nursing Service (Christian nurse) for 250-bed hospital with School of Nursing. State salary expected. Apply, giving post-graduate course taken, experience & references, in c/o Box 5, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Supervisor (experienced) for combined Medical & Pediatric Dept. of 30 beds, half of which are children. Apply for further particulars, stating salary expected, Supt., Trail-Tadanac Hospital, Trail, B.C.

Registered Nurses for General Duty for small hospital. 8-hr. day, 6-day wk. 4 wks. vacation. Attractive residence, adjacent to hospital. Apply Supt., Niagara Cottage Hospital, Niagara-on-the-Lake, Ont.

Night Supervisor at once for 50-bed hospital. Apply, stating age, qualifications & experience, Supt., Miramichi Hospital, Newcastle, N.B.

Graduate Nurses for 40-bed hospital. Straight 8-hr. shift. Salary: $150 per mo. including bonus of $10 per mo. payable every 6 mos. Full maintenance. Apply Matron, Municipal Hospital, Vermilion, Alta.

General Staff Duty Nurses for 150-bed Sanatorium. Salary: $135 plus full maintenance. 8-hr. broken day, 6-day wk. 4 wks. vacation after 1 yr. service. Blue Cross hospitalization. Apply Supt. of Nurses, Niagara Peninsula Sanatorium, St. Catharines, Ont.

Graduate & Undergraduate Nurses with Psychiatric experience. Private hospital. Good salary. Meals at city branch. Complete maintenance at suburban branch. Write George H. Holmes, Admin., Ingleside Hospital, 8811 Euclid Ave., Cleveland, Ohio.

Matron & Registered Nurses for new modern 20-bed hospital. Salaries: $210 & $180 per mo. gross. Usual holiday time & sick leave. Apply E. W. Groshong, Sec.-Manager, Porcupine-Carragana Union Hospital, Porcupine Plain, Sask.

General Duty Nurses. 8-hr. broken day. 48-hr. wk. Gross salary: $163.40 monthly. All salaries have scheduled rate of increase. Cumulative sick leave. Pension plan in force. Blue Cross plan. 3 wks. holiday after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital for Tuberculosis, Gravenhurst, Ont.

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invites applications for ***Administrative*** and ***Staff*** positions in **Hospital, Public Health Nursing Services,** and **Blood Transfusion Service** for various parts of Canada.

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For further particulars apply:
National Director, Nursing Services, Canadian Red Cross Society,
95 Wellesley St., Toronto 5, Ontario.

Director of Nursing for large General Hospital with School for Nursing averaging 150 students. Applicants should give full details of education, post-graduate training, experience, references, etc. Correspondence invited. Apply c/o Box 50, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Director of Nurses. Duties consist of directing the Nursing Service of 140-bed hospital & Nursing School of approx. 80 students. Apply, giving details of age, education, training & experience & salary expected, Miss Dorothy Macham, Supt., Women's College Hospital, Toronto 5, Ont.

Asst. to Director of Nursing Service not later than August 1. Duties Administrative & Supervisory. Preference given to applicants with University preparation & experience in administration. Apply Director of Nursing, Civic Hospital, Ottawa, Ont.

Nursing Arts Instructor & Educational Director immediately. The hospital, located in capital city, is connected with large clinic & college which aids greatly in teaching students. Apply Director of Nurses, Evangelical Hospital, 6th & Thayer, Bismarck, North Dakota.

Nursing Arts Instructor & Science Instructor for teaching staff of 450-bed hospital. No. of students, 150. Positions now available. Apply, stating qualifications, Principal, School of Nursing, General Hospital, Saint John, N.B.

Nursing Arts Instructor & Science Instructor for Nursing School, Holy Family Hospital, Prince Albert, Sask. Submit statement re qualifications & salary expected to Director of Nursing.

Instructor (qualified) & **Operating-Room Supervisor** for new 110-bed hospital to be built this Summer. Apply, stating qualifications, age & experience, Supt., Chipman Memorial Hospital, St. Stephen, N.B.

Obstetrical Supervisor (experienced) for 150-bed General Hospital. 48-hr. wk. 4 wks. vacation annually. Apply, stating qualifications, experience, age & salary expected, Supt. of Nurses, General Hospital, Chatham, Ont.

Night Supervisor, capable of taking charge of hospital, including delivery room. **Head Nurse,** qualified to teach & to administer ward. **Science Instructor.** Apply Director of Nursing General Hospital, Belleville, Ont.

Dietitian for 188-bed hospital. Salary: $175 with full maintenance. 44-hr. wk. For full particulars apply Supt. of Nurses, General Hospital, Medicine Hat, Alta.

Maternity Nurses—post-graduate training preferred, not required. 48-hr. wk.; straight shift. New Maternity Pavilion opening in near future. Information concerning salaries, sick time, etc., provided after application has been received, giving qualifications, years of experience, etc. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

Registered Nurses for General Duty in small hospital—2 willing to do Night Duty. Good salary. Apply Supt., Rosamond Memorial Hospital, Almonte, Ont.

Registered Nurses for General Duty Staff in 45-bed hospital. Salary: $110 plus full maintenance. 3 wks. holiday after 1 yr. service, plus statutory holidays, 1 wk. sick time with pay. Apply Supt., County of Bruce General Hospital, Walkerton, Ont.

Graduate Nurses for General Floor Duty. Salary: $115 per mo. Full maintenance & laundry. $60 yearly increase up to 3 yrs. Apply, stating qualifications, Supt., Brome-Missisquoi-Perkins Hospital, Sweetsburg, Que.

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Graduate Dietitian at Ontario Hospitals in Kingston, Whitby, Woodstock. Initial salary: $2,140 per annum plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 6-day wk. Apply Supt. at above hospitals.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, Hamilton, Kingston, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock & Toronto Psychiatric Hospital. Initial salary: $1,840 per annum plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 6-day wk. Apply Supt. of Nurses at above hospitals.

Registered Nurses for General Staff Duty for the Division of Tuberculosis Control required by British Columbia Civil Service—***Vancouver Unit:*** 225-bed T.B. Hospital, located at 2647 Willow St., Vancouver. All major services & student affiliation course. Registration in B. C. required. *Gross salary:* $182 per mo. Annual increments of $60 (over 5-yr. period). No residence accommodation. ***Tranquille Unit:*** 350-bed T.B. Hospital, located 12 miles from Kamloops in southern interior. All major services except student affiliation. *Gross salary:* $188.50 per mo. Annual increments of $60 (over 5-yr. period). New modern residence; attractive bed-sitting-rooms; recreational facilities. Maintenance deduction: Room $5.00, laundry $2.50. Excellent food at 20 cts. per meal. ***Conditions—Both Units:*** 8-hr. day, 5½-day wk. Rotating shifts. 4 wks. annual vacation with pay plus 11 statutory holidays. Sick leave 20 days per yr.—14 cumulative. Promotional opportunities. Superannuation. Write for information & applications to Supt. of Nurses of respective Units or to Director of Nursing, Division of T.B. Control, 2647 Willow St., Vancouver, B.C.

Registered Nurses for General Duty required for University of Alberta Hospital, Edmonton. (640 beds). Gross salary: $170 per mo. 1st year, $180 2nd year and $190 3rd year of service in hospital. $25 per mo. deducted for meals and laundry. Statutory holidays. Sick leave: 3 weeks after 1 yr. service, with annual increase of 1 wk. to a maximum of 13 wks. Blue Cross coverage on a 50% employee contributory basis. 1st class railway fare to Edmonton refunded after 1 year continuous service. Pleasant university environment. Apply Supt. of Nursing Services.

General Duty Nurses for 350-bed Tuberculosis Hospital in centre of Laurentian summer & winter resort area, 2 hrs. from Montreal. Starting salary: $115 per mo. plus full maintenance. Attractive working hrs. with 1½ days off weekly & 1 week-end ea. mo. 1 mo. annual vacation. 14 days sick leave. Apply Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

Floor Duty Nurse. 8-hr. duty. Salary: $110. Full maintenance & laundry. Blue Cross hospitalization. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Graduate Nurses (2) for 40-bed hospital. Commencing salary: $185 per mo. with full maintenance for $40 monthly. 44-hr. wk. 28 days annual holidays plus 10 statutory holidays. Annual increases. Accumulative sick leave. Self-contained nurses' home. Princeton is situated on the new Hope-Princeton highway only 5 hrs. from Vancouver by road. Apply Director of Nursing, General Hospital, Princeton, B.C.

Graduate Nurses for completely modern West Coast hospital. Commencing salary: $185 per mo. less $40 for board, residence, laundry. Special bonus of $10 per mo. for night duty. $10 annual increment. 44-hr. wk. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. accumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

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Positions are available at **Point Edward Hospital, Westmount, Cape Breton, Nova Scotia,** for a number of Graduate Nurses and Nurses' Aides. Excellent salary and living conditions. Civil Service benefits.

Application forms may be obtained from the **Nova Scotia Civil Service Commission, P.O. Box 943, Halifax, N.S.,** or by telephoning *3-7341-Branch 230.*

Further particulars as to duties and working arrangements may be obtained from the **Superintendent of Nurses, Point Edward Hospital, Westmount, Cape Breton, Nova Scotia.**

General Duty Nurses. Salary: $165 per mo. plus full maintenance, laundry, 2 wks. vacation per yr., sick leave. Apply City Hospital, 828 S. Cedar St., Owatonna, Minnesota.

General Duty Nurses for 400-bed hospital. New Wing just opening. 8-hr. day, 44-hr. wk. 10 statutory holidays. B.C. registration required. Salary: $175 basic. Credit for past experience. Annual increments. Vacation: 28 days after 1 yr. Sick leave: 1½ days per mo. cumulative. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Supt. of Nurses for 300-bed Sanatorium for Tuberculosis. Apply, giving qualifications, references, salary expected, etc., Medical Supt., Fort William Sanatorium, Fort William, Ont.

Public Health Nurse for Town of Dundas, Ont. Salary: $2,400 per annum. Pension Plan. 1 mo. vacation. Duties to commence Aug. 1 or Sept. 1. Apply C. F. Nunn, Sec., Board of Health.

Registered Nurses (2) for General Duty in small General Hospital. Rotating 8-hr. shifts. 3 wks. holidays after 1 yr. service plus statutory holidays. 2 wks. sick leave with pay. Full maintenance. Apply Supt., Memorial Hospital, Hanover, Ont.

Evening & Night Supervisors to rotate for 100-bed hospital. 37 student nurses. For further particulars write Miss Helen F. Marsh, Supt. of Nurses, General Hospital, Woodstock, Ont.

Graduate Nurse for General Duty. Salary: $142.50 per mo., cost of living bonus, increase of $15 per mo. annually up to maximum. Pension, Blue Cross, medical services, full maintenance, uniforms. 8-hr. day, 5-day wk. Vacation with pay. Statutory holidays. Apply Supt., Fred Adams Hospital (Isolation), 2243 Byng Rd., Windsor, Ont.

Matron immediately for 16-bed hospital. Salary: $150 per mo. with full maintenance.
Graduate Nurses (3). Salary: $125 per mo. with full maintenance. 8-hr. day, 6-day wk. Apply, stating qualifications, experience, age, etc., Mrs. Ina Simpson, Sec.-Treas., Roblin Hospital District No. 2, P.O. Box 160, Roblin, Man.

General Duty Nurses for modern, well-equipped hospital in picturesque Lakehead. 48-hr. wk. Cumulative sick leave. 1 mo. vacation after 1 yr. service. Gross salary per mo.: $170 less $20 for meals & laundry. $45 deducted if living in residence. Annual increment. Railway fare up to $50 with 1 yr. contract. Apply Director of Nursing, General Hospital, Port Arthur, Ont.

Associate Director of Nursing Education. Hospital School, 275-300 students. Apply Director of Nursing, Civic Hospital, Ottawa, Ont.

Asst. Supt. of Nurses for 100-bed hospital with building program planned. Further particulars on application to Supt., General Hospital, Kelowna, B.C.

General Duty Nurses for 60-bed well-equipped hospital, 1 hr. by bus from Toronto. Salary: $120 per mo. with full maintenance. 8-hr. rotating service. 3 wks. vacation. 2 wks. sick time. Apply, with references & experience, Supt., York County Hospital, Newmarket, Ont.

ONTARIO PUBLIC HEALTH NURSING SERVICE

Appointments: *Vera Freeman* (Royal Jubilee Hosp., Victoria, and University of British Columbia public health course), formerly with Fort William board of health, to Kent County health unit; *Mrs. Gordon (Harvey) MacDonnell* (Diploma course, University of Toronto), as public health nurse, Copper Cliff; *Margaret MacMillan* (Toronto Gen. Hosp. and U. of T. general course), formerly at Copper Cliff, to Oxford County and Ingersoll health unit; *Elizabeth Ryan* (St. Joseph's Hosp., London, and University of Western Ontario certificate course) to nursing staff of London Separate Schools.

Resignations: *Erna Penner* from York Township board of health; *Margaret (Gibson) Robson* from Simcoe County health unit.